

Maryland Guide to Public Agency Resources for Children and Families

*A Joint Project of the Maryland Office of the Attorney General and
the Subcabinet for Children, Youth and Families*

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INTRODUCTION

This Guide provides basic information about Maryland public agency programs that serve children and families. It is intended to be a resource for Maryland workers providing services to children who may need information about the programs and resources that are available across State agencies. The Guide was produced as a joint project of Maryland's Office of the Attorney General and the Subcabinet for Children, Youth and Families.

Serving the needs of children is a dynamic process, and public agency programs change frequently to meet those needs. Thus, while every effort was made to compile a comprehensive and accurate summary of public agency programs for children, we cannot guarantee that the Guide is complete, up-to-date, or correct in all of its details. You are encouraged to contact each program described in the Guide directly when planning actual services for a child. Many program descriptions in this Guide provide direct contact information, and others may be accessed through agency websites. Key websites include:

Department of Health and Mental Hygiene: www.dhmf.state.md.us

Department of Human Resources: www.dhr.state.md.us

Department of Juvenile Services: www.djs.state.md.us

Maryland State Department of Education: www.msde.state.md.us

Governor's Office for Children, Youth and Families: www.ocyf.state.md.us

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MARYLAND STATE DEPARTMENT OF EDUCATION

Maryland State Department of Education

DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES **Special Education and Related Services**

Services:

The Division of Special Education/Early Intervention Services (DSE/EIS) in the Maryland State Department of Education has the general supervisory responsibility “to ensure that all children with disabilities aged 3 through 21 residing in the State have the right to a free appropriate public education (FAPE), including children with disabilities who have been suspended or expelled from school.”

DSE/EIS ensures that appropriate services are provided by local school systems and state-operated programs as well as noneducational public agencies that provide services to children with disabilities. DSE/EIS services include:

- leadership;
- monitoring;
- technical assistance;
- resources; and
- collaborate with other State agencies and MSDE divisions to improve and expand services to children with disabilities.

Eligibility:

An Individualized Education Program (IEP) team shall conduct a full and individual evaluation within 90 days of receiving a written referral to determine if the student is a “student with a disability” and to determine the educational needs of the student, before the initial provision of special education and related services.

An IEP team shall meet to review:

- Existing assessment data;
- Assessment and information from the parent;
- Instructional interventions and strategies;
- Current classroom-based assessments; and
- Observations by teachers and related service providers.

On the basis of the review of the information and input from the student’s parents, the IEP team shall determine if additional data are needed in any of the following areas:

- Academic performance;

- Communication;
- General intelligence;
- Health;
- Hearing;
- Motor abilities;
- Social, emotional, behavioral status; and
- Vision.

If additional data is needed, the student is to be assessed in all areas related to the suspected disability, as determined by the IEP team.

The IEP team shall draw upon information from a variety of sources and carefully consider and document the information used as a basis of the team's decision. A student may be determined to be a student with a disability requiring the provision of special education, based upon local criteria for the following disabilities:

- Autism;
- Deaf-blindness;
- Deafness;
- Developmental Delay (ages 3-5 years old, if participating in the Maryland Developmental Delay Pilot);
- Emotional Disturbance;
- Hearing Impairment;
- Mental Retardation;
- Multiple Disabilities;
- Orthopedic Impairments;
- Other Health Impairment that adversely affects a student's educational performance;
- Specific Learning Disability;
- Speech or language impairment;
- Traumatic Brain Injury; and/or
- Visual Impairment, including Blindness.

Access To Services

A student with a suspected disability who may need special education shall be promptly referred in writing to an IEP team at the student's local school for a determination of need for assessment. Referrals include students residing in the local jurisdiction in public and nonpublic schools.

Maryland State Department of Education

DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES **Early Intervention Services**

Services:

Early intervention services are services designed to meet the developmental needs of infants and toddlers with disabilities from birth through two years of age. Services to infants and toddlers with disabilities and their families are provided through a coordinated, interagency system rather than a single agency. The DSE/EIS serves as the State lead agency for administration of the statewide early intervention system. DSE/EIS supervises, monitors, and provides technical assistance to agencies, institutions, and organizations included in the early intervention system. Local Infants and Toddlers Programs, composed of local departments of education, health, social services, and other public and private providers identified by each jurisdiction, constitute the service delivery component of the statewide early intervention system. DSE/EIS ensures an equitable distribution of funds to all geographic areas within the State.

Eligibility

Children from birth to age three who are determined by qualified personnel to meet any of the following criteria:

- Are experiencing a developmental delay of at least 25%, as measured and verified by appropriate methods, in one or more of the following areas: cognitive, physical, communication, social and emotional adaptive; or
- Exhibit atypical development or behavior in at least one of the above areas, demonstrated by abnormal quality or function, that interferes with current development and is likely to result in subsequent delay, even when diagnostic procedures do not indicate a delay of 25 percent; or
- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Access To Services

Local Infants and Toddlers programs accept referrals from primary referral sources and others who suspect developmental delay in an infant or toddler. Primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;
- Day care programs;
- Local educational agencies;

- Public health facilities;
- Other social service agencies; and
- Other health care providers.

Funding

Funds used to provide FAPE to Maryland's children with disabilities and Early Intervention Services, come from a combination of federal, state, and local sources. Special education and related services are provide without costs to the student or their families. Most Early intervention functions and services are carried out at public expense at no cost to families. A sliding scale schedule for family payment for some services applies.

Maryland State Department of Education

GED OFFICE

GED Services

Services:

The GED Office provides an alternative way in which to earn a high school diploma. The GED Tests, developed by the American Council on Education, are standardized tests designed to measure the major and lasting outcomes of a traditional high school education. After a person passes the GED Tests, he/she is awarded a Maryland High School Diploma by the State Board of Education. The Tests consist of five tests and require seven hours and five minutes to complete.

Eligibility:

A person is eligible to take the GED Tests if he/she: (1) is at least 16 years old; (2) is not a high school graduate; (3) has been a Maryland resident for at least three months at the time of testing; and (4) has been officially withdrawn from a regular high school program for at least three months.

Test Contents:

Most of the test is multiple choice with the exception of Part II of the Writing test, which requires an applicant to write an essay, and the Math test, which contains some non-multiple choice format questions. The following subjects are tested: Language Arts-Writing, Part I; Language Arts-Writing, Part II; Social Studies; Science; Language Arts-Reading; and Mathematics.

Preparation:

Many adult education programs sponsored by local school districts, colleges, and community organizations, offer the Official GED Practice Tests, as well as providing instruction for the actual tests. Maryland Public Television broadcasts a series called “GED on TV” which may help prepare a test taker. Many libraries and bookstores carry GED study materials. Contact the GED Office at 410-767-0538 for a telephone listing of programs that offer GED preparation classes.

Location:

The GED Tests are administered over two days at various locations throughout the State. Testing is held during the second and third week of every month at most test centers. The locations of the centers are listed in the “Application for the GED Tests and the Maryland High School Diploma”. Applicants may select the test center of their choice.

Application and Administration:

An “Application for the GED Tests and the Maryland High School Diploma” may be obtained through the GED Office, 200 West Baltimore Street, Baltimore, MD 21201; (410) 767-0538. Mail the completed application, including the \$45 scheduling fee, to the GED Office. Applicants will receive an admission card in the mail approximately ten days before the test date. Appropriate accommodations for individuals with documented disabilities may be provided. The Tests may be taken in Spanish, if requested. However, English competency is required of all candidates and thus both Part I and Part II of the Language Arts-Writing tests must be completed in English.

For More Information:

The GED Office is open for walk-in applicants from 10:00 a.m. to 1:00 p.m., Monday through Friday, at 200 West Baltimore Street, Baltimore, Maryland. For information by phone, call 410-767-0538, or visit the following web sites: www.msde.state.md.us or www.umbc.edu/alrc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The Department of Health and Mental Hygiene of Maryland provides some health services for children as outlined in this Manual. It is divided into three main sections: Medicaid (entitlement) services, DHMH administrative (discretionary) services, and “other” services. Each section will be devoted to an explanation of the purpose for the service, what that service provides, who is eligible, how to access the service, and how the service is funded.

Overview

The **Department of Health and Mental Hygiene** (DHMH) is the department that regulates health care, funds some health services, and operates the state’s health facilities. It provides many entitlement and discretionary services to children in need of the State’s assistance. Discussed in this manual will be the programs available to children as provided by Medicaid (the vast majority), the Mental Health Administration (MHA), the Developmental Disabilities Administration (DDA), Alcohol and Drug Abuse Administration (ADAA), and various “other” programs.

Department of Health and Mental Hygiene

MEDICAID

Purpose:

Medicaid is a program that offers financial medical assistance to those with little to no income, and who are unable to afford medical care. There is usually no cost of services to the eligible recipient, however nominal co-payments may apply in some cases. Medicaid is an entitlement which provides three types of health protection:

- Health insurance for low-income families, children, the elderly, and people with disabilities;
- Long term care for the elderly and individuals with disabilities; and
- Supplemental coverage for low income Medicare beneficiaries (eg. outpatient prescription drugs and payment of Medicare premiums, deductibles, and cost sharing)

Covered Services:

- Ambulance services, emergency medical transportation, and wheel chair van.
- Dental services for children
- Disposable medical supplies and durable medical equipment
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children under age 21, including all medically necessary services
- Family planning services
- Free-standing clinic services (general and substance abuse treatment clinics)
- Free-standing dialysis facility services
- Home and community based waiver services for individuals with developmental disabilities, disabled children, the elderly, and physically disabled adults and children with autism spectrum disorder.
- Home health services
- Hospice care
- Hospital inpatient and outpatient services (acute, chronic, psychiatric, rehabilitation, and specialty care)
- Intermediate Care Facility services for individuals with mental retardation (ICF/MR)
- Laboratory and X-ray services
- Medical day care services
- Nurse anesthetist, nurse midwife, and nurse practitioner services
- Nursing facility services (nursing homes)
- Oxygen and related respiratory equipment services
- Personnel care services
- Pharmacy services
- Physical therapy services
- Podiatry services

- Targeted case management for children diverted or returned from out-of-state facilities and HIV infected individuals
- Early Intervention Services Case Management for children
- Healthy Start Program for children and post-partum women
- Statewide Evaluation and Planning Services (STEPS) for individuals at risk of nursing facility admission
- Transportation to Medicaid covered services
- Vision care services for children

Accessing Services:

To apply for Medicaid a child's parent or guardian must file an application at the local department of social services in the city or county where he or she lives. Individuals who receive Supplemental Security Income (SSI) or Temporary Case Assistance (TCA) automatically qualify for Medicaid and need not apply.

Eligibility:

All recipient eligibility is based on income. Some eligibility categories also consider the individual's or family's resources, such as bank accounts, trust funds, houses, or cars. Generally, to be eligible, a family's income must be 50% below the federal poverty level. The resources will also be counted and must be below an estimated \$5000 limit. Recipients covered by Medicaid must be redetermined for continuation of their benefits every six months.

Department of Health and Mental Hygiene

MEDICAID SUBPROGRAMS

- The HealthChoice Program
- The Rare and Expensive Case Management (REM) Program
- The Children's Health Program
- The Specialty Mental Health System

Each Medicaid Subprogram listed above is described in more detail below.

Department of Health and Mental Hygiene

MEDICAID SUBPROGRAMS: HEALTHCHOICE (COMAR 10.09.62-74)

Program description:

HealthChoice is Maryland Medicaid's mandatory managed care program established in 1997. The HealthChoice program provides health care to most Maryland Medicaid recipients. Eligible Medicaid recipients enroll in a Managed Care Organization (MCO) of their choice and select a Primary Care Provider (PCP) to oversee their medical care. The MCO enrollee selects a PCP who is part of their MCO's provider panel either at the time of the enrollment with the enrollment broker or after they are enrolled in their MCO.

Purpose:

The purpose of HealthChoice is to provide medical benefits, and medical management by a PCP, to individuals who cannot afford to pay for their care.

Covered Services:

Health Choice enrollees receive the benefits listed in the COVERED_SERVICES listed above. Most services are provided by the enrollee's PCP or another provider in the MCO's network that is selected by their PCP. Under HealthChoice the MCO's contract is to provide a specific set of Medicaid related services. This is referred to as the MCO Benefit Package. The services that are not included in the Benefit Package are still available for MCO enrollees and are paid directly by Medicaid. Mental Health services are provided by the Specialty Mental Health System (SMHS) and administered by the Mental Hygiene Administration (MHA) as described in the section discussing SMHS.

Services that are not included in MCO contract but are available to MCO enrollees are:

- Health related services and targeted case management services provided to children when the services are specific to the child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP);
- Specialty mental health services;
- Rare and expensive case management services;
- Personal care services;
- Medical day care for adults and children;
- Long term care services (after the first 30 days of care which is covered by the MCO)
- Healthy Start case management services

- Viral load testing services, genotypic, pheotypic, or other HIV/AIDS drug resistance testing for the treatment of HIV/AIDS;
- Special support services for individuals with developmental disabilities, under the Developmental Disabilities (DD) Waiver;
- Transportation services; and
- Physical therapy, speech therapy, occupational therapy and audiology services for children under 21 years of age.

A MCO may offer additional services not in the Benefit Package to its enrollees but it will not get reimbursed for providing them. All MCOs have chosen to offer preventive dental services for adults, a service not traditionally covered by Maryland Medicaid. Only those enrolled in HealthChoice can receive these supplemental services.

MCOs are responsible for providing other services related to the patient's health care. These services include:

- language interpretation;
- educating enrollees on prevention and good health habits;
- providing case management, outreach and home visits for certain special needs and hard-to-reach populations; and
- coordinating needed services such as transportation and the Supplemental Nutritional Program for Women, Infants, and Children (WIC)

General Eligibility Criteria:

The HealthChoice Program is mandatory for most Medicaid recipients and most children.

Approximately 75% of all Medicaid recipients are in HealthChoice. Some Medicaid recipients are not eligible to be enrolled in HealthChoice due to certain circumstances including the following:

- Individuals who are 65 years or older
- Individuals who are eligible under spend-down
- Medicaid recipients who have been, or are expected to be, continuously institutionalized for more than 30 successive days in a long term care facility or in an institution for mental diseases (IMD)
- Individuals institutionalized in an intermediate care facility for mentally retarded persons (ICF-MR)
- Individuals enrolled in Model Waiver
- Medicaid recipients enrolled in limited coverage categories, such as women who receive family planning services through the Family Planning Waiver

Department of Health and Mental Hygiene

MEDICAID SUBPROGRAMS: Rare And Expensive Care Management (COMAR 10.09.69)

Purpose:

The purpose of REM is to serve individuals whose needs cannot be adequately handed by MCO.

Program Description:

The Rare and Expensive Care Management Program is a case managed fee-for-service alternative to HealthChoice Managed Care Organization (MCO) participation for HealthChoice enrollees with specified rare and expensive conditions.

Covered Services-:

The case manager assists the recipient in the following ways: (1) assesses their needs, (2) directs them to appropriate providers, (3) works with multidisciplinary teams, (4) develops plans of care, (5) monitors clinical care services, (6) assists in service coordination and family supports, (7) addresses changing clinical and other needs, and (8) recommends transfers out of REM when appropriate.

General Eligibility Criteria:

An individual must be eligible for HealthChoice in order to receive REM services. A HealthChoice recipient is eligible for REM if they have certain diagnoses. The qualifying diagnoses are included in COMAR 10.09.69.01.

Applying for Benefits:

The MCO, the recipient's doctor, or any other concerned party, can refer a recipient to the REM program. Before a Medicaid recipient can be referred to the REM, the MCO must first identify the recipient as a potential REM candidate. A recipient can also refer him or herself. The referral can take place at the time of the diagnosis or anytime afterwards.

Accessing Services:

MCOs must justify enrolling the potential REM recipient by submitting a REM Intake Referral Form with supporting documentation to:

The REM Program
UMBC CHPDM
1000 Hilltop Circle, SS-309
Baltimore, Maryland 21250
Phone- 1-800-565-8190
Fax- 410-455-1194

Department of Health and Mental Hygiene

MEDICAID SUBPROGRAMS: Maryland Children's Health Program (COMAR 10.09.11)

Program Description:

The Maryland Children's Health Program (MCHP) is an expansion of the regular Medicaid program that provides benefits to children up to age 19 and pregnant women of any age who meet MCHP income eligibility requirements. MCHP recipients obtain care through the managed care organizations within the HealthChoice Program.

Purpose:

The purpose of the MCHP is to provide Medicaid benefits to low-income children and pregnant women that do not have health insurance but are not otherwise eligible for Medicaid.

Covered Services:

Children up to 19 years of age and pregnant women who do not have health insurance, and not otherwise eligible for Medicaid, are eligible for MCHP if their income is at or below 200% of the federal poverty level. Women continue to be eligible for MCHP until the end of the second month following the month in which the pregnancy ended. For example, if the pregnancy ends on January 15 (or any day in January), whether by delivery or not, the women's MCHP eligibility would continue through March 31, however the benefits would cease on April 1.

Applying for Benefits:

Local health departments will mail MCHP applications on request. MCHP applications are available at local health departments, local departments of social services, WIC centers, hospitals and schools. Applications may also be downloaded from the Department of Mental Health and Hygiene website. Applications can be completed at home and mailed in or dropped off at any local health department. Case managers are available at the local health departments to assist applicants. A pregnant woman of any ages can complete and sign the application herself. A grandparent or other relative may apply for a child if the child lives with the relative and neither of the parents lives with the child.

Accessing Services:

When an individual is found eligible for MCHP they will receive a Medical Assistance card within 14 days. The recipient can access covered services from Medicaid providers by presenting the card. The recipient must then enroll in the HealthChoice Program and select a

MCO and PCP. More information can be obtained from the local health departments, the Department of Mental Health and Hygiene's website and the MCHP Hotline: 800-456-8900. (TDD for the disabled: 800-735-2258)

Department of Health and Mental Hygiene

MEDICAID SUBPROGRAMS: Specialty Mental Health System (COMAR 10.09.70)

Purpose:

The purpose of the SMHS is to provide non-primary mental health services to individuals with certain mental illness diagnoses and make available to Medicaid enrollees the array of mental health services which are not funded by Medicaid.

Program description:

When the HealthChoice Program was developed, those services not preformed as part of a primary practitioner's office visit, specialty mental health services, were established as a separate managed fee-for-service system. This system, the Specialty Mental Health System (SHMS) is administered by the Mental Hygiene Administration (MHA), local Core Service Agencies (CSA's), and an administrative services organization, which is currently Maryland Health Partners (MHP). MHP authorized services and pays claims for the SMHS. Any claims for non-emergency specialty mental health services for both HealthChoice and non-HealthChoice recipients must be authorized and paid for MHP.

Covered Services:

Medicaid recipients receive the benefits listed under the specialty mental health services heading in the above mentioned, basic COVERED SERVICES. Recipients of SMHS services also receive the other Medicaid benefits listed the above mentioned, basic COVERED SERVICES.

General Eligibility:

If an individual or child is an eligible Medical Assistance (MA) recipient, they will qualify for benefits provided by the Specialty Mental Health System. To apply for these benefits, one must apply through Medical Assistance.

Funding:

Services in the public mental health system are funded by MHA, as the Medical Assistance Program's agent, and there is no cost to the eligible recipient. The provider submits an invoice to MHA and provided that the service is pre-authorized and medically necessary, it is reimbursed based on the rates set forth in COMAR 10.21.25 and according to Medicaid cost reimbursement procedures.

Department of Health and Mental Hygiene

MEDICAID WAIVER PROGRAMS:

Three waiver programs:

- The Autism Waiver Program
- The Developmental Disabilities Waiver Program
- The Model Waiver Program

If is eligible for a Waiver Program the State provides all MA (medical assistance) services for the children that would be otherwise ineligible for Medicaid benefits. These programs are referred to as “Waiver Programs” because they involve the waiver of restrictions that ordinarily limit the scope of Medicaid eligibility and benefits. Based on a programmatic proposal by the State, the Secretary of the United States Department of Health and Human Services (HHS) can waive certain restrictions established by federal law. Maryland received approval from the Secretary of HHS to implement several waiver programs including the three listed above.

Department of Health and Mental Hygiene

MEDICAID WAIVER PROGRAMS: Autism Waiver Program

Purpose:

The purpose of the Autism Waiver Program is to provide health care benefits and additional services to support children with Autism Spectrum Disorder in their home and community.

Covered Services:

The Autism Waiver Program provides the following services:

- Day habilitation including therapeutic integration services and intensive individual support services provided in the home, at school, or in the community
- Environmental accessibility adaptation
- Family training
- Residential habilitation
- Respite care
- Targeted case management

Recipients of Autism Waiver Program services also receive the Medicaid benefits listed in the COVERED SERVICES for general Medicaid recipients.

Accessing Services:

Eligibility for Autism Waiver Program benefits is determined by the Maryland State Department of Education (MSDE). Families should contact their local school system for additional information regarding eligibility requirements.

Department of Health and Mental Hygiene

MEDICAID WAIVER PROGRAMS: Developmental Disabilities Waiver Program (COMAR 10.09.26)

Purpose:

The purpose of the DD Waiver is to provide home and community services to individuals who are determined to be developmentally disabled before the age of 21, and who would otherwise require institutional care.

Program Description:

The Developmental Disabilities (DD) Waiver Program provides community based services to developmentally disabled individuals (who were determined to be developmentally disabled before the age of 21) as an alternative to institutional care.

Covered Services:

The DD Waiver Program provides the following services:

- Assists technology and adaptive equipment
- Day habilitation
- Environmental modification
- Residential option services
- Respite care
- Services coordination
- Supported employment

Recipients of DD Waiver Program services also receive the Medicaid benefits listed in the COVERED SERVICES for general Medicaid recipients.

Eligibility:

To be eligible for DD Waiver benefits an individual must have a developmental disability as defined at COMAR 10.09.26.01B(8) and MUST be certified as requiring the level of care provided by an intermediate care facility for persons with mental retardation (ICF/MR). The individual must also meet the financial eligibility criteria established at COMAR 10.09.26.12.

Accessing Services:

Prior to being accepted into the Waiver, the individual must have an acceptable Individual Plan (IP) which sets for the services the individual requires and from what service provider the individual will receive the services. The service provider of the resource coordinator will coordinate the services. Additionally, once in the Waiver program, an individual is eligible for all other MA state plan services.

Funding:

DD Waiver programs are funded through the Developmental Disabilities Administration (DDA). The provider submits the required forms and are reimbursed by the State for the cost of care as set forth in COMAR 10.22.17 and COMAR 10.21.18 or under contract.

Department of Health and Mental Hygiene

MEDICAID WAIVER PROGRAMS: Model Waiver Program

Purpose:

The purpose of the Model Waiver Program is to enable medically fragile children to live and be cared for at home instead of a hospital or institution.

Covered Services:

The Model Waiver Program provides the following services:

- Continuous or intermittent nursing services
- Home care case management
- Medical supplies and equipment
- Physician care planning services
- Home health aide services

Recipients of Model Waiver Program services also receive the general Medicaid services listed in the basic COVERED SERVICES.

Eligibility:

To be eligible for Model Waiver Program benefits an individual must be chronically ill or severely impaired child younger than 22 years of ages, whose illness or disability may require 24-inpatients care, but which, in the absence of home care services, may precipitate admission to or prolong stay in a hospital, nursing facility, or other long term facility. A reviewer hired by the State must certify that the child needs hospital or nursing facility level of care. In addition, the cost of the community-based care must not exceed the cost of institutionalized care. To be financially eligible a child's income and resources must be below a certain limits, but the income and resources of the child's parents are not considered when determining financial eligibility. The Model Waiver Program is limited to 200 recipients.

Accessing Services:

To apply for the Model Waiver Program, an individual must contact the Coordinating Center for Home and Community Care, Inc., a case management organization.

Department of Health and Mental Hygiene

ADDITIONAL MEDICAID INFORMATION RESOURCES

Additional information regarding Medicaid is available from the following sources:

- The Code of Maryland Regulations (COMAR) Title 10, Subtitle 09
- The Maryland Medical Assistance Eligibility Policy Manual (Medicaid Policy Manual)
- For specific questions not addressed in this description, COMAR, or the Medical Policy Manual, you may contact the Eligibility Policy Unit at the Department of Health and Mental Hygiene

Department of Health and Mental Hygiene

ALCOHOL & DRUG ABUSE ADMINISTRATION (ADAA) SERVICES

Purpose:

ADAA funds services to Local Health Departments and under contract to certain providers to provide services which are not covered by Medical Assistance, or for individuals who are not Medicaid recipients. The purpose of these services is to treat individuals who are recovering, to stay substance free.

Services Provided:

Treatment Services:

Intermediate Care Facility (ICF) – is a residential treatment facility for alcohol and drug clients who do not require hospitalization. Program provides an intensive drug treatment regimen of individual and group therapy as well as other activities aimed at the physical, psychological, and social recovery of the addicted individual. Clients usually remain in residence for 2-6 weeks.

Halfway House – is a transitional residential care facility providing time-limited services to clients who have received prior evaluation or treatment in a primary or intermediate care program. Clients are expected to seek employment and move to a position of personal and economic self sufficiency.

Drug-Free Residential – is the therapeutic community (a long term psycho-social program which focuses on behavior change through a highly regimented, encounter group therapeutic approach), as well as adolescent group homes. ADAA helps fund a 60 day inpatient programs at the Jackson Unit. This program is operated Allegany County Health Department and youth are referred there by substance abuse counselors in private or public treatment programs of the Department of Juvenile Services. In addition, a long term program, (6-8 months) Catocin Summit is funded by the ADAA operated by Washington County Health Department. Admission to Catocin requires completion of an intermediate program such as the Jackson Unit. Fees are based on a sliding scale. ADAA also provides two private inpatient programs, Mountain Manor in Baltimore and Pathways in Annapolis for adolescent inpatient treatment. The youth must meet the clinical criteria of American Society of Addiction Medicine for inpatient treatment. They must be without health insurance or denied inpatient coverage by their private insurance company. The clinical evaluation must be completed by the local health department or other designated publicly funded program.

Outpatient – is a non-residential program that provides diagnosis, treatment and rehabilitation for alcohol and/or drug abusers. The client's physical and emotional status should allow him/her to function with support in his/her usual home/work environments. Outpatient substance abuse treatment for adolescents is available from public funded providers in all 24 of Maryland's subdivisions. These services are accessed through the local health department or a funded

agency working the stead of the health department. Fees are based on sliding scale and most participate in various insurance plans.

Intensive Outpatient- is a non-residential program which provides highly structured treatment services to clients and their families using a "*step down*" model of intensity ranging from 25 hours to a minimum of six hours a week.

Chemotherapeutic- a non-residential program offering drug abuse treatment and rehabilitation employing methadone in the detoxification or maintenance treatment of opiate and narcotic drug abusers as one part of the treatment regimen.

Correctional Facilities- alcohol and drug abuse assessment, treatment and rehabilitation services delivered within a state or local correctional facility.

Prevention Services:

The ADAA Prevention Office has adopted a community development model of the mechanisms for its prevention/intervention system.

- The model focuses on developing comprehensive programs that give participants a positive identity and the skills, opportunities, relationships and positive experiences to develop a drug-free lifestyle.
- Alcohol and Drug Abuse Administration-funded prevention programs are developed in cooperation with communities and are designed and implemented for all age groups with a special emphasis on youth programming.

In support of this process, ADAA has established a County Prevention Coordinator networking system.

- The Prevention Coordinator Network is an established, successful and recognized strategy to plan, deliver, coordinate and monitor prevention services that meet the varying needs of each local sub-division.
- Prevention Coordinators communicate with and serve as resources for the community in the process of program planning and community building. There is one designated Prevention Coordinator in each of Maryland=s 24 jurisdictions.
- Prevention Coordinators work closely with all elements of the community (including schools, human services agencies, youth services agencies, substance abuse treatment programs, neighborhood organizations, businesses, parent groups, religious groups and law enforcement officials) to identify needs, develop substance abuse projects and obtain funding.

Eligibility Requirements:**-For treatment services**

Fees are based on a sliding scale, and clinical eligibility is determined by evaluation and use of the Patient Placement Criteria of the American Society of Addiction Medicine. Final approval is provided by ADAA.

Funding:

State funds are used by ADAA.

Department of Health and Mental Hygiene

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) SERVICES

Purpose:

The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life. In addition, DDA's goal is to promote their empowerment to access quality supports and services necessary to foster personal growth, independence and productivity.

DDA is committed to enabling all individuals with developmental disabilities to exercise the four principles of self-determination:

Freedom to make choices, authority over services and support, responsibility for organizing resources, supports necessary to live in the community

Services Provided:

Family Support Services:

Family Support Services(FSS) represent an array of services and assistance, funded by DDA that are provided to families with children who have developmental disabilities. Services are based on each family's unique needs and the belief that all children belong with caring families. The intent of DDA is to provide or arrange for the necessary supports to prevent crises. Family supports are delivered primarily through a network of non-profit providers and licensees. In instances where all possible attempts have been made to support the child within the home setting and all available community supports have been exhausted, additional avenues of support may be considered if funding is available. Efforts may then be made to support the child in another family-type situation within the community. This would allow the child to maintain current community ties and relationships, including those developed with the education system. Any alternative home placement would be pursued with the active involvement of other agencies responsible for serving children, both in terms of development of appropriate services for the child as well as funding of services.

Transition Services:

Transitioning Youth comprise a special category of eligibility and priority for services. Through the Governor's Transitioning Youth Initiative the DDA, in collaboration with the Division of Rehabilitative Services (DORS), has been able to fund supported employment and other day services for eligible graduating students who otherwise may not have received DDA services. Without the Initiative, students leaving the school system would be placed on a lengthy waiting

list for adult services. The Governor's Transitioning Youth Initiative earmarks funds in the DDA budget for eligible students leaving school, regardless of the severity of their situation and their relative need for immediate services. For an individual to be eligible for the Governor's Transitioning Youth Initiative (GTYI) he or she must be found fully eligible as developmentally disabled.

Eligibility:

The "DD" eligibility criteria states that the person has a severe chronic disability that:

- a. Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- b. Is manifested before the individual attains the age of 22;
- c. Is likely to continue indefinitely;
- d. Results in an inability to live independently without external support or continuing and regular assistance;
- e. Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.

Additionally, the student is eligible from his/her 21st birthday until his/her 22nd birthday. If the date of graduation is after the individual's 21st birthday, the individual shall continue to be eligible for one year after the date of graduation.

Accessing Family Services:

The DDA is not a child placement agency and services funded by the DDA are not an entitlement. Supports are provided in the least intrusive manner possible. Services are provided to children with developmental disabilities and their families irrespective of household income. Unfortunately, the DDA does not have sufficient funding for everything that every family wants and needs. Therefore, the DDA encourages providers to explore other financial resources, including cost-sharing mechanisms with families, generic resources and other benefits to which the family may be entitled. Families in need of low intensity support services may access them directly through one of the local agencies providing DDA funded Family Support Services. "Low level supports", sometimes called "rolling access", are those supports identified by the family that may be provided for less than \$2,000 annually; however, these supports are limited by the extent to which resources are available. This helps families to receive support quickly without going through the full eligibility process. Families need only verify the child's developmental disability by providing the FSS Providers with:

- A copy of the child's Individualized Education Plan (IEP), or
- Individual Family Support Plan (IFSP), or
- A statement verifying that the child has a developmental disability from his or her doctor.

Families may also receive these low level supports while the child's application for full DDA services is being processed. For all services that cost over \$2,000 annually the child must go through the full DDA application and eligibility process. Families may obtain a list of Family Support Providers as well as an application for determination of DDA eligibility through their regional office.

Children with developmental disabilities receive services through the DDA based on an "Individual Plan". The family is assisted in creating this plan by a resource coordinator or the family support coordinator once eligibility has been established. The plan may be very simple, only a sentence or two describing an item a family wants, or it may be very comprehensive depending on the family situation. The family then uses this plan, when funding is approved as they interview and select a service provider. The provider develops a support plan and budget based on the individual plan.

A Guide to (DDA funded) Services for each region is available through the regional office or the resource coordination office. This provides information about service providers to assist families with the selection process. The availability of these services is dependant on the budget.

DDA also provides the following residential and support services:

-Community residential services- models include alternative living units, group homes, individual family care homes and community supported living arrangements and respite;

-Resource Coordination- assistance in accessing the waiver and other entitlement programs, developing individual plan for services, and serving as ombudsman;

-Individual Support Services- Budgeting, medication administration, counseling, job coaching, helping and individual to access and complete his education, grocery shopping, respite, behavioral, financial, in-home assistance with meals and personal care, physical, occupational and other therapies;

-Community Support Living Arrangement Services- personal assistance, 24 hour emergency assistance, assistive technology, adaptive equipment, case management services, environmental modifications, any support necessary to enable the individual to live in his home, apartment, family home, or rental unit.

Accessing Services:

These services are accessed through the four DDA regions, Southern, Central, Western, and Eastern. The individual fills out an application for eligibility, COMAR 10.22.12. Depending on the individual's need and the availability of funds, services may be accessed. Additionally, DDA makes grants to providers to assist families who have a one time need under \$2000. The availability of these services are dependant on the budget. Services are accessed by application to the regional office.

Funding:

DDA funds their services with state-only dollars

Department of Health and Mental Hygiene

MENTAL HYGIENE ADMINISTRATION (MHA) SERVICES

Purpose:

The purpose of the MHA services is to provide a safety net for individuals who are severely and persistently mentally ill, who need subsidization of the cost of care, to maximize community integration for individuals, and for those at risk of hospitalization or out-of-home placement care. Additionally, MHA funds services which are not reimbursed by Medicaid principles.

Services Provided through the Core Services Agencies (CSA):

MHA funds some services by granting monies to the local Core Service Agencies (CSAs) for specific services. Such services include targeted case management, therapeutic foster care, boys and girls club, family coordination, therapeutic group homes, mentoring, home health, summer camp subsidies, etc. These services are dependant on the budget and discretionary with the CSA. To access these services, the individual should call the CSA.

Services Provided through the Administrative Service Organization (ASO):

MHA funds some of the same services available to Medicaid recipients, for non-Medicaid recipients. These services may include

Maryland's PMHS is set up to meet your mental health needs anywhere in the State. Services covered include:

- Hospital services; including emergency room services;
- Physician services;
- Services provided by individual mental health professionals
- Psychiatric home health services;
- Freestanding clinic services;
- Early and Periodic Screening, Diagnosis, and Treatment Services (including one on one therapeutic aids);
- Mental health case management;
- Psychiatric day treatment services;
- Rehabilitation and other mental health services; i.e. mobile treatment, outpatient mental health clinic services, psychiatric rehabilitation; and
- Residential treatment centers.

The availability of these services is dependant on the budget. Services are organized by application by the individual or the provider to the Administrative Service Organization (ASO),

which pre-authorizes care, and by recommendation of the individual's CSA. A provider or individual can access the ASO by calling 1-800-888-1965.

MHA funds other services; the purpose of which is to prevent hospitalization, to facilitate discharge from a hospital or residential treatment center, and to support the individual in the community. These services are

Residential Services:

- Group homes
- Therapeutic group homes
- Psychiatric halfway house services
- Residential rehabilitation services
- Residential home ownership assistance

Case Management

- Supported employment services
- Respite care
- Mobile crisis services
- Residential crisis services
- Peer support
- Family to family education and support

Accessing Services:

These services are accessible through the CSAs and often need pre-authorization from the ASO. The availability of these services is dependant on the budget.

Funding:

If eligible, MHA services are available based on sliding-scale fees.

Department of Health and Mental Hygiene

OTHER SERVICES: Oral Health Services

Purpose:

The purpose of DHMH Oral Health Services is to improve the oral health status of Maryland residents through a variety of initiatives and interventions.

Services Provided:

Comprehensive dental services for children and mentally compromised adults.

Eligibility:

Maryland residents between the ages of 2 and 21 years of age. Must have proof of income, sliding scale fees

Funding:

Federal and State funding

Department of Health and Mental Hygiene

OTHER SERVICES: Preventive Health Services Diabetes Care Program

Through Maryland's HealthChoice Program, initiated in 1997, Medicaid-eligible diabetics receive their medical care through one of a number of managed care organizations contracted with by DHMH. The HealthChoice Program provides coverage for the same preventive services and equipment and supplies that were formerly available to participants with diabetes through the Diabetes Care Program.

The Maryland DCP works with Medicaid staff and the managed care organizations described above to help ensure that people with diabetes enrolled in the HealthChoice Program receive the best possible care. During the 1998-1999 funding periods, the DCP will award mini-grants to 2-3 managed care organizations to help them assess their current level of diabetes medical care, compare it to recommended care, and develop and implement appropriate quality improvement measures.

Department of Health and Mental Hygiene

OTHER SERVICES:

Office of Epidemiology and Disease Control Program- (EDCP)

Purpose:

The purpose of the EDCP is the prevention and control of communicable diseases.

Services Provided:

The EDCP provides services in several areas for persons less than 18 years of age:

- a. **EDUCATION-** The EDCP provides educational material to schools to explain the diseases of childhood and how to prevent them. Several units of EDCP have special functions that relate to communicable diseases of childhood:
 - I. Certain communicable diseases of infants or children are specifically reportable by law or regulation, including septicemia (bacteremia) in infants, congenital rubella syndrome, congenital syphilis, invasive Group B streptococcal disease, and various vaccine preventable diseases. Such diseases are reported to the Communicable Disease Surveillance Division of the Center for Clinical Epidemiology by local health departments (LHDs).
 - II. The Outbreak Investigation Division of the Center for Clinical Epidemiology, in conjunction with LHD staff, investigates and issues recommendations to control infectious disease outbreaks in day-care centers and school settings; these forms are available through the Internet on the EDCP website (www.edcp.org)
 - III. The EDCP website also contains information about various communicable diseases written at an elementary school reading level. This information is available to the general public. Also, EDCP educational materials address some of the special needs of children, (for example, EDCP's brochure on rabies prevention, which provides ways that parent/guardians can protect children from contact with stray animals.
 - IV. The Center for Immunization's Perinatal Hepatitis B program with birth hospitals and obstetricians throughout the State to ensure that steps are taken to review hepatitis B risk to newborns, and that CDC-approved preventive measures are taken immediately when appropriate. Similarly, the Center for Community Epidemiology educates providers and institutions across the State to screen for syphilis during pregnancy and initiate CDC-approved preventive steps to avoid congenital syphilis.

b. IMMUNIZATION:

I. As a part of EDCP, the Center for Immunization reviews and, if needed, updates State regulations on vaccinations required for entry to schools in Maryland. The Public Health Committee of the Maryland Medical Society, also reviews any proposed regulation changes before approval.

II. As a part of the Center for Immunization, the Maryland Vaccines for Children Program (VFC) provides vaccine to participating pediatric provider's offices for use in uninsured or underinsured children in Maryland. This Federally funded program now includes more than 700 provider practices across the State, including services through LHDs. Special eligibility requirements apply to recipients of VFC- funded programs.

III. The Center for Immunization reviews vaccination status of children in Maryland, including reviewing medical records to ensure that no opportunity to protect children from vaccine-preventable diseases is missed. The Center for Immunization also correlates national studies of immunization coverage to detect "pockets of need" of immunization among children in Maryland.

c. DISEASE INVESTIGATION AND MANAGEMENT: Several areas of EDCP investigate or prevent communicable diseases among persons of all ages in Maryland, including those among such children and adolescents:

I. Such units as the Tuberculosis Control Division, the Sexually Transmitted Disease Control Division and the Center for Veterinary Public Health provide direct consultation on disease control and prevention issues; review patient treatment records to ensure proper care; and in certain cases provide medications and/or immune globulin to ensure disease control.

II. Children and adolescents are screened through the Refugee Health Program for TB and for need for completing required immunizations (based on age) upon arrival to Maryland. Migrant health activities include working with LHDs and school districts to provide health and dental screening for migrant children attending the summer school session on the Eastern Shore.

III. The Emerging Infections Program (EIP) evaluates the effectiveness of selected childhood vaccinations (specifically, pneumococcal conjugates vaccine and meningococcal vaccine).

The Eligibility Requirements:

Generally, there are no requirements for a child to receive most of EDCP's services. However, to be eligible to receive VFC vaccine, a child must be less than 19 years of age and be enrolled in one of the following categories:

- Enrolled in Medicaid;
- Uninsured (has no health insurance)
- Native American or Alaskan Native; or
- Underinsured (has insurance that does not cover vaccine)

How to Apply for Services:

Access to most EDCP services is by referral through an LHD, through a health care professional, or through the Internet, by telephone, or by mail.

Funding:

A majority of EDCP's activities is subsidized by federal funds which are often grants to support specific objectives, such as the VFC program in the State. Maryland general funds support the remaining areas of EDCP's work.

Department of Health and Mental Hygiene

OTHER SERVICES:

The Office Of Primary Care And Rural Health (OPCRH)

Purpose:

The OPCRH mission is to assure the availability and accessibility of comprehensive primary health care services to all Maryland residents regardless of their ability to pay. This goal is achieved through several distinct activities which include: (1) **collecting and disseminating information** within the state; (2) **coordinating** rural health interests and activities across the state, and (3) providing **technical assistance** to attract more federal, state, and foundation **funding** for rural health.

The OPCRH was established in July 1994 to carry out its mission through three (3) programs:

Services Provided:

PRIMARY CARE ORGANIZATION- The goal of the PCO is to develop primary care policies and programs that improve access to these services for all Marylanders. This unit helps to identify areas with health resource needs (Health Professional Shortage Areas and Medically Underserved Areas), recruit and retain primary care personnel in needy areas (Loan Repayment Programs and J-1 Visa Waiver Program), and assists local communities in establishing community health centers through federal and State funds. The PCO includes a contract to the Baltimore City Health Department for primary care coordination and a Fellowship contract to the University of Maryland School of Medicine for statewide healthcare Organization Programs and Community Development Partnerships.

RURAL HEALTH PROJECTS- The Maryland State Office of Rural Health is one of fifty state offices created to improve health care in rural communities. This goal is achieved through several distinct activities which include: (1) collecting and disseminating information within the state, (2) coordinating rural health interests and activities across the state and (3) providing technical assistance to attract more federal, state, and foundation funding for rural health.

MARYLAND PRIMARY CARE- This program assures access to ambulatory services for some low income adults with conditions that require ongoing care. Primary care practices funded under this program offer benefits such as primary health care, outpatient substance abuse, basic laboratory tests, flat plate radiology services, for diagnosis and assistance with co-payments for prescriptions for Maryland Pharmacy Assistance Program drugs.

Department of Health and Mental Hygiene

OTHER SERVICES:

The Office Of Injury Prevention and Health Assessment

Purpose:

The OIPHA focuses primarily on preventing deaths and disabilities due to unintentional and intentional injuries. In addition, the Office monitors risk behaviors, chronic diseases, and preventive health services, and characterizes the demographic health status of Maryland residents.

The types of injuries addressed include falls, motor vehicle-related injuries, drownings, firearm-related injuries, homicides, suicides, poisonings, playground-related injuries and burns, among many others. Most of the injury prevention activities are population-based and targets all Maryland citizens. The Office approaches prevention in three ways by:

- Understanding the number and nature of injuries occurring in Maryland and the factors, which place individuals at-risk. This is accomplished through coordinated epidemiologic surveillance and information gathering activities.
- Creating, coordinating and evaluating prevention programs targeted toward identified populations or injury hazards. This is accomplished through efforts to change human behavior, alter the physical environment, or enhance policies that increase protection from injury.
- Increasing the capacity of others to effect meaningful injury prevention in both new and existing practice settings. This is accomplished by developing and fostering training and education programs for professionals, community leaders and agencies, clinical practitioners, and decision-makers.

Each year, injuries in Maryland result in approximately 3,800 deaths, 80,000 hospitalizations, and 225,000 visits to emergency departments. Injuries (unintentional and intentional combined) are the leading cause of death in Maryland citizens ages one to 44 years. The economic burden of hospitalized injuries alone exceeds \$200 million annually. The Office of Injury Prevention is addressing this critical public health issue through a combination of efforts in each of the three categories discussed above. Presently, these activities include:

Traumatic Brain Injury Surveillance System –This Centers for Disease Control and Prevention (CDC)-funded activity establishes, for the first time in Maryland, the ability to characterize and comprehensively count all deaths and hospitalizations due to traumatic brain injury (TBI). In 2002, TBIs that result in emergency department visits will be added to the surveillance system, increasing the size of the database by 500 to 600 percent. Results will be shared with prevention partners, clinicians and other consumers to enhance current prevention planning and evaluation.

Standing Tall Against Fires and Falls Program (STAFF): With multiple year funding from the CDC, the Office is addressing the problem of fire and fall-related injuries and deaths among the elderly population. Fire and fall prevention seminars are currently conducted in three counties, and free smoke detectors are made available for installation. Households are followed up at three months post-seminar to assess knowledge retention, changes in routine to safer practices, and smoke alarm prevalence.

Injury Prevention Mini-grants– Through modest investment of PHHS Block Grant funds these activities increase the capacity of local health departments in Maryland to plan and deliver targeted injury prevention programs based on identified local needs. This activity also involves training and educating health department and related agency staff in injury prevention science and program implementation skills. This activity supports small-scale feasibility-testing of promising local prevention activities (e.g. youth firearm injury prevention, playground safety, and injury prevention).

Disabled Individual's Reporting System (DIRS)–Supported by federal PHHS Block Grant funds, this system receives notification from hospitals when individuals with potentially disabling conditions such as head injury, spinal cord injury, stroke, and amputation are discharged. Information and referral material pertaining to sources of assistance are distributed to each individual in order to increase continuity of care and decrease potential for residual disability.

Maryland Behavioral Risk Surveillance System (BRFSS)- The CDC funded BRFSS is an on-going telephone surveillance system designed to collect data on the behaviors and conditions that place Maryland adults at risk for chronic diseases, injuries and preventable infectious diseases. The categories included in the BRFSS survey are alcohol consumption, hypertension awareness, cholesterol awareness, diabetes, tobacco use, physical activity, nutrition, women's health, colorectal cancer screening, men's health, and immunizations.

Statewide Injury Prevention Networking– The Office is represented on various standing and ad hoc committees and programs, such as the Governor's Bicycle Advisory Committee, The Center for the Study of Health Effects of Fire, the Maryland Child Fatality Review Panel, the Governor's Task Force on Childproof Guns, and the Traumatic Brain Injury Service Systems Advisory Committee, among others. The Office also sponsors biannual workshops for injury prevention coordinators throughout the state.

Department of Health and Mental Hygiene

OTHER SERVICES: Children's Medical Services Program

Purpose:

This Division provides funding for specialty care services, for children who are uninsured or under-insured in Maryland. It strives to enhance access to community-based services and involve families in planning activities whose children have special health care needs.

Services Provided:

The CMSP funds two Medical Child Care Centers to serve children ages six weeks to three years of age with complex medical needs that cannot be met in traditional child/day care programs; (Children with Special Health Care Needs) provides staff for interagency coordination and liaison activities; and is developing a respite initiative as well as a plan for strengthening regional resources for families and providers.

This program provides funds to local health departments (LHD) for care coordination services for children with special health care needs who are uninsured and not eligible for other public benefit programs. Care coordinators provide outreach to assure access to resource information and services

RESPITE CARE

Respite care is defined as a family support service in which care is provided to a child with special health care needs. Care is provided in or out of the home, to relieve the caregiver from the daily responsibilities of tending to a child with special health care needs.

Additional family benefits include:

- allowing the family to engage in daily activities thus decreasing their feelings of isolation;
- providing the family with rest and relaxation;
- improving the family's ability to cope with daily responsibilities; maintaining the family's stability during crisis situations;
- and helping preserve the family unit by decreasing the pressures that might lead to divorce, institutionalization, abuse and/or neglect.

MEDICAL DAY CARE:

DHMH currently funds two medical child care centers serving children six weeks to three years of age with complex medical conditions whose needs cannot be met in traditional child/day care programs. The Family, Infant and Childcare Center located in Montgomery County, and Within My World situated in Baltimore County, provide childcare and skilled nursing services to infants and toddlers. In addition, support and training is offered to parents to maximize their skills and competencies in dealing with their child's special health care needs.

EARLY INTERVENTION COORDINATION PROGRAM:

This program is part of the interagency collaboration with Maryland's Early Intervention System. (Infants and Toddlers Program). Funding is provided to local jurisdictions for the delivery of evaluation and consultation services to children with complex needs and their families. Medical providers work with early intervention teams allowing for the integration of medical and developmental needs into Individual Family Service Plans (IFSP). OGCSHCN staff represent DHMH on the State Interagency Coordination Council and serves as liaison between the Early Intervention System and other DHMH programs.

Accessing Services:

The OGCSHCN has established a communication initiative aimed at linking Children with Special Health Care Needs (CSHCN) with services. This includes a toll free number (1-800-638-8864) for families or providers who have questions regarding care. Other projects include a resource directory (which may exist in certain jurisdictions) and a newsletter called "Children's Link" for CSHCN and providers. A family involvement coordinator maintains contact with families of CSHCN.

Eligibility:

The CMSP currently serves CSHCN whose family income is less than or equal to 200% of the Federal poverty level. As a result of the expansion of health insurance coverage under the Medical Assistance program (Maryland Children's Health Program - MCHP), many families historically served under CMS now have access to insurance coverage. The program funds specialty care services upon referral from primary care providers. Covered services include inpatient and outpatient medical care, OT, PT, speech-language and hearing services, medical equipment and supplies, nutrition services, developmental and neurologic assessments. Local health departments who offer clinical services charge on a sliding fee scale with third party payment accepted. No patient is refused service for inability to pay.

Department of Health and Mental Hygiene

OTHER SERVICES: The Maryland Title IV Network:

Purpose:

The Maryland Title IV Network is a network of providers. The project is designed to help reduce perinatal transmission of HIV (from mother to infant) and provide the most current treatments, care and support for women, infants, and children who are infected with HIV.

Services Provided:

The Maryland Title IV Network provides outreach, education, counseling, voluntary HIV testing, voluntary HIV medical treatment, obstetrical, pediatric, youth and women's health and social support services, and access to clinical trials. Clients are served by community-base providers in Baltimore and Prince George's County.

Eligibility Requirements:

Infected or affected by HIV; income eligibility (400% of U.S. Poverty Guidelines or less), third party payor status (some services that are covered by third party reimbursement)

Accessing Services:

Service providers and contact numbers are provided as follows:

- Johns Hopkins Hospital OB/GYN clinic- 410-614-2007
- Johns Hopkins Hospital Intensive Primary Care Clinic- 410-955-7983
- HERO-410-685-1180
- Sinai Greenspring Pediatric Associates- 410-601-5372
- University of Maryland, Baltimore, Pediatric AIDS Care and Evaluation (PACE) clinic at 410-706-8220

Funding:

Maryland Title IV Network is funded by the Ryan White CARE Act, Title IV funds (federal)

Department of Health and Mental Hygiene

OTHER SERVICES: Maryland Kids In Safety Seats (KISS):

Purpose:

As Maryland's lead agency in child passenger safety, the mission of KISS is to help reduce motor vehicle-related injuries and deaths to children through public education.

Services Provided- training and technical assistance in child passenger safety; coordinates statewide car seat loaner-program; disseminates child passenger safety information through toll-free helpline; website, and educational materials.

Eligibility Requirements:

Loaner programs may have income-based eligibility requirements or require agency referrals.

Access to Services:

Loaner programs sponsoring agencies may promote the program to clients or patients; outside referrals to loaner programs are provided by KISS staff. Information and technical assistance is available via phone 1-800-370-SEAT, email kiss@dhmh.state.md.us, or website www.mdkiss.org.

Funding:

KISS is funded by the Highway Safety Office at the Maryland State Highway Administration

Department of Health and Mental Hygiene

OTHER SERVICES: **Sexual Assault Reimbursement Unit**

This unit is located within the Center for Health Promotion, Education, and Tobacco Use Prevention with the Family Health Administration of the Department of Health and Mental Hygiene (DHMH).

Purpose:

The purpose of the program is to provide reimbursement to hospitals, laboratories, and physicians for the physical examination of, the collection of evidence from, and the emergency treatment of individuals for injuries resulting from the alleged rape or sexual assault and for an initial assessment, and information and evidence collection, of a victim of alleged child sexual abuse. Furthermore, the purpose of the program is relieve victims of rape, sexual assault, and child sexual abuse of the financial burden for the provision of medical services and forensic evidence collection as a result of a crime that was perpetrated upon them.

Services Provided:

Specifically, the Sexual Assault Reimbursement Unit providers reimbursement for the following services: physician professional services for initial assessment and forensic evidence collection of rape, sexual assault, and child sexual abuse victims; radiology, surgery, and emergency services consults; physician and mental health professional services for psychological evaluation and parental interviews for victims of child sex abuse; emergency room fees; laboratory testing, including, but not limited to, gonorrhea cultures, Chlamydia cultures, testing for syphilis, pregnancy testing, wet smears, acid phosphatase testing, hepatitis profile, herpes testing, alcohol and drug screening, including screening for flunitrazepam, gamma hydroxyl butyrate, and ketamine hydrochloride, date rape drugs, pharmacy charges, including, but not limited to, tetanus toxoid prophylaxis, phenergan, vistaril, compazine, oral contraceptives, azithromycin, rocephin, suprax, doxycycline, erythromycin, levaquin, ciprofloxacin, pain medications, and additional medications directly related to the assault.

Eligibility Requirements:

The Sexual Assault Reimbursement Unit provides reimbursement to hospital, physician, and laboratory vendors approved by the Maryland State Department of Health and Mental Hygiene (DHMH). All victims of alleged rape, sexual offense, or child sex abuse who receive medical services and forensic evidence collection from a hospital, physician, or laboratory vendor approved by the DHMH are eligible for reimbursement under this program.

Accessing Services:

Victims of rape, sexual assault, and child sexual abuse may access medical services and forensic evidence collection provided by hospitals, physicians, or laboratories. Once services are accessed by victims of rape, sexual assault, and child sexual abuse, the DHMH-approved vendors apply for reimbursement from the Sexual Assault Reimbursement Unit.

Funding:

The Sexual Assault Reimbursement Unit receives the majority of funding through the Maryland State general funds. The Sexual Assault Reimbursement Unit receives less than 10% of its funding through a federal preventive health and health services block grant.

Department of Health and Mental Hygiene

OTHER SERVICES: Childhood Blood Lead Screening Program:

Purpose:

The Childhood Blood Screening Program screens children at 1 and 2 years of age in Maryland to detect elevated blood lead levels and assist MDE and local health departments to take action to lower these levels which can result in learning disabilities, behavioral problems, and lower I.Q.s.

Services Provided:

Free blood lead screening to health care providers in Maryland

Eligibility Requirements:

Children of 1 to 6 years of age are eligible through their local health department or health care provider.

Accessing Services:

Access through local health care provider

Funding:

Federal

Department of Health and Mental Hygiene

OTHER SERVICES: Newborn Screening:

Purpose:

To offer newborn screening for hereditary and congenital disorders preformed at the time of hospital discharge.

Services Provided:

Early detection and treatment of disorders to prevent mental retardation, other defects, and death.

Eligibility Requirements:

Must be offered to parents of newborn babies by hospitals in Maryland.

Accessing Services:

No application necessary. Occurs automatically upon consent.

Funding:

Fee will charged to the hospitals for each newborn screened; the family's health insurance will cover the costs of the tests.

Department of Health and Mental Hygiene

OTHER SERVICES:

Special Supplemental Nutrition Program for Women and Children (WIC):

Purpose:

The purpose of WIC is to assist eligible women, infants, and children achieve improved nutrition and health status by providing nutrition education, selected supplemental foods, breastfeeding promotion and support, and health and social service referrals.

Services Provided:

Nutrition education and counseling, breastfeeding promotion and support, health and social service referrals, and checks for specific food items that are redeemable at local grocery stores and pharmacies.

Eligibility Requirements-

There are 4 eligibility requirements:

Categorical- Pregnant women, breastfeeding women, postpartum women (up to 6 mos.), infants up to first birthday, and children up to fifth birthday.

Residency- Within the state of Maryland

Income- At or below 185% of the U.S. Poverty Guidelines; or eligible for food stamps or Medical Assistance.

Nutrition-Risk- Medically-based (such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes), or diet-bases (such as inadequate dietary pattern)

Accessing Services:

Services can be accessed by calling or visiting the local agency office in which the applicant resides, or by calling the State WIC Office toll free information line at 1-800-242-4942.

Funding:

WIC is primarily federally funded (99%) through a grant from the United States Department of Agriculture (USDA); State general funds provide approximately 1% of the WIC's annual budget.

MARYLAND DEPARTMENT OF HUMAN RESOURCES

The Maryland Department of Human Resources (DHR) serves children, families and individuals who are in need of temporary economic assistance and services to meet their basic needs and help integrate them into the community, and vulnerable children and adults seeking protection from abuse, neglect, and/or exploitation. Operating through 24 local Departments of Social Services, DHR is responsible for the administration of all major social service programs across the state of Maryland.

DHR's programs are administered through the Social Services Administration, Family Investment Administration, Child Support Administration, Child Care Administration, and Community Services Administration.

NOTE: Services may change. There may be additional eligibility requirements for each program.

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION:

The Social Services Administration (SSA) administers the following programs:

- 1) Child Protective Services
- 2) Foster Care
- 3) Kinship Care
- 4) Adoption
- 5) In-Home Family Services

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION: Child Protective Services (CPS)

Services:

Receipt and investigation of all reports of suspected abuse and neglect of children; initiation of protective and other services for children who are believed to have been abused or neglected, parents or other adults having permanent or temporary care, custody, or responsibility for supervision of abused or neglected children, and household or family members of abused or neglected children. CPS services include:

- removal of children from unsafe homes
- day care
- homemaker services
- legal services
- individual, group or family counseling
- maintenance of confidential records of child abusers and neglectors
- assistance in the criminal prosecution of child abuse/neglect cases

Eligibility:

Children who are suspected of being abused or neglected, the maltreater, and household and family members are eligible for CPS

Access to Services:

Allegations of child abuse must be investigated within 24 hours and child neglect within 5 days. The local department worker must see the child, attempt to interview the caretaker, assess the child's safety and that of other children in the home, and coordinate with law enforcement personnel. The local department worker may need to obtain medical treatment for the child and petition the juvenile court for appropriate relief on behalf of the child.

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION: Foster Care Services

Services:

Time-limited family reunification services; development and implementation of a plan in the best interest of the child to facilitate a planned, permanent living arrangement for the child who cannot be reunified; and licensure of private child placement agencies. Services include:

- placement of children in foster homes
- medical care
- individual, group, and family counseling therapy
- therapeutic care
- education
- assignment of a caseworker to manage and monitor care
- independent living preparation program

Eligibility:

Abused, abandoned, neglected, or dependent children or children at imminent risk of serious harm who a juvenile court has determined that continued residence in the child's home is contrary to the child's welfare and has committed the child to the custody or guardianship of a local department.

Minor children who are placed in the custody of a local department of social services by a parent or legal guardian under a written agreement voluntarily entered into with the local department.

To be eligible for independent living preparation a child must be 14 years or older and likely to remain in foster care until age 18; between 18 and 21 years old and in school, employed, or disabled; or between 18 and 21 years old and discharged from out-of-home placement as a result of attaining the age of 18.

Access to Services:

Juvenile court commits child to the custody or guardianship of a local department of social services or parent voluntarily relinquishes custody to a local department.

Foster Care licensing services are available through DHR and the local departments, to any private agency or people desiring to place children in foster care, treatment foster care, and independent living preparation programs.

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION: Kinship Care Services

Services:

Permanency planning services to families where a child has been committed to a local department because of abuse, neglect dependency, or abandonment and placed by the local department with kinship parents or kinship caregivers. Services are designed to preserve families by accommodating the needs of the child, the biological parents and the kinship caregiver to promote permanency and prevent the need for foster care placement. Services include:

- individualized written service agreements with child's parents, if the plan is return home; with the kinship parent or kinship caregiver; and if the child is 16 years old or older, with the child
- reunification services for parents
- visits by the caseworker
- medical care
- education
- periodic reviews of child's status
- permanency planning hearings and services
- post-placement services

Eligibility:

Children in need of care outside of their homes.

Kinship parent is an individual who is related by blood or marriage within five degrees of consanguinity or affinity to a child who is in the care, custody, or guardianship of a local department, but who is not an approved foster parent. The individual who has been designated by the local department as a temporary 24-hour caregiver of that child as an out-of-home parent.

Kinship caregiver is an individual whose relationship to a child who is in the care, custody, or guardianship of a local department is beyond the fifth degree of consanguinity or affinity, who has been designated by the local department as a temporary 24-hour caregiver of that child as an out-of-home parent and who is not a foster parent.

Access to Services:

A local department must give priority consideration as placement resources to a kinship parent or kinship caregiver. If no kinship parent or caregiver is located at the time of the initial placement, the local department shall place the child in a non-relative out-of-home care setting. If a kinship parent or caregiver is located after placement of a child, the local department may place the child with the kinship parent or caregiver if it is in the child's best interest.

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION: Adoption Services

Services:

Recruit and evaluate adoptive families for children in the custody or guardianship of a local department and in out-of-home placements in general; licensure of private child placement agencies. Services include:

- home study of prospective adoptive families
- development of permanency plan for children who may become available for adoption
- six month review of permanency plan
- assistance in obtaining adoption subsidy and social security benefits
- preparing child for adoption
- providing adoptive parents reimbursement for nonrecurring adoption expenses
- variety of postplacement services to strengthen and support the family functioning and integration
- post-adoption services: nonidentifying information to minor adoptee; birth parent can update agency records with birth family history; maintaining medical information from birth parent to share with adoptee and vice versa
- mutual consent voluntary adoption registry
- counseling to parents who are considering placing a child with a local department for adoption
- preadoptive foster care placement

Eligibility:

Services are available to birth parents who are considering placing a child with a local department for adoption and children in the custody or guardianship of a local department or in a kinship care placement; children whose birth parent is considering placing a child for adoption because of the inability to sustain adequate parental responsibilities; adoptees seeking family history; and people interested in adopting children.

Access to Services:

Local departments of social services

Child placement licensing services are available through DHR and the local departments of social services, to private agencies and people desiring to place children in adoptive homes.

Department of Human Resources

SOCIAL SERVICES ADMINISTRATION: In-Home Family Services

Services:

Services are designed to assist parents in creating safe, stable and nurturing home environments that promote healthy child development; to prevent out-of-home placement of children when safety can be promoted at home; and to provide, refer to, and coordinate services needed to achieve or maintain family safety, stability, independence, and unity.

Services may include:

- family, couple, and individual counseling or therapy for assistance in resolving family or parent-child relationship problems
- substance abuse counseling and referral to substance abuse treatment programs
- medical evaluations and treatment of a household member
- health care services or information, such as early and periodic screening, diagnosis and treatment (EPSDT)
- employment counseling
- vocational training
- skills building assistance around child care, normal childhood development, age appropriate disciplinary practices, parenting skills, and conflict resolution
- formal education or education degree equivalent programs
- housekeeping and home management skills training
- emergency financial assistance through flex funds or other available monetary resources
- budgeting assistance and management training
- parent-aide or in-home aide services
- day care assistance
- respite care
- transportation assistance
- court involvement
- referral to other local department services units, such as Child Protective Services.

Eligibility:

Families experiencing situational crises or barriers in obtaining benefits under the Family

Investment Administration programs; families who are facing crises that will affect the well-being of their children and the stability of the family; families whose children are at risk of removal from their primary home or have recently been removed from the home and the plan is rapid reunification

Access to Services:

Each local department of social services determines, on a case by case basis, whether services are needed to avoid a crisis; each local department develops its own eligibility criteria

Department of Human Resources

CHILD CARE ADMINISTRATION:

The Child Care Administration is responsible for the regulation of child care, facilitating the development of new child care resources, promoting the use of regulated care, monitoring caregiver compliance with child care licensing requirements, encouraging the growth of caregiver professionalism, providing technical assistance to caregivers and parents, and helping eligible working families to meet the costs of child care.

Department of Human Resources

CHILD CARE ADMINISTRATION: Licensing Services

Services:

There are thirteen regional licensing offices around Maryland. Each office is responsible for all child care licensing activities within its geographic region, including investigating complaints of improper or illegal child care, taking enforcement action against licenses found to be in violation of child care regulations, helping caregivers to maintain regulatory compliance.

Eligibility:

Any person interested in becoming licensed to operate a child care program; any person having concerns about a particular child care program; any person using or considering using the services of a specific child care program seeking to obtain information about the program.

Access to Services:

Regional Child Care Offices

Department of Human Resources

CHILD CARE ADMINISTRATION: Purchase of Child Care

Services:

Provides financial assistance with child care costs to eligible working families and helps families locate licensed child care providers

Eligibility:

Maryland residents meeting income eligibility criteria who are enrolled in public school, employed, working in an approved training program, or receiving Temporary Cash Assistance; residents must have a child or children under the age of 13 years old or a developmentally disabled person under the age of 21 years

Access to Services:

Local departments of social services

Department of Human Resources

CHILD CARE ADMINISTRATION: Maryland Child Care Credential Program

Services:

Provides cash awards and training vouchers to registered and licensed child care providers who and facilities that exceed the minimum requirements of the licensing and registration requirements

Eligibility:

Available to individual child care providers who and child care facilities that are registered and licensed

Access to Services:

Registered and licensed child care providers must complete certain training programs; child care facilities must be accredited by certain state and national organizations.

Department of Human Resources

**CHILD CARE ADMINISTRATION:
Child Care Quality Incentive Grant Program**

Services:

Grants are awarded to child care providers to purchase supplies, materials and equipment to improve the quality of child care

Eligibility:

Open to child care providers and facilities in Maryland

Access to Services:

Child care providers and child care facilities must file an application with the Child Care Administration.

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION:

The Family Investment Administration provides cash assistance and food stamps to families with children while preparing them to be independent of public assistance. The Administration also administers the eligibility component of the Medical Assistance Program and a program that assists long-term disabled individuals until they begin receiving Social Security Income benefits.

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Welfare Avoidance Grant (WAG)

Services:

Cash assistance to families with children, which is paid based on an agreement signed by the applicant and the local department of social services

Eligibility:

Must be a family with children and have a compelling need; each local department designs its own eligibility criteria; Temporary Cash Assistance recipients are ineligible

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Temporary Cash Assistance (TCA)

Services:

Cash assistance to families with children and work programs to assist applicants and recipients find and maintain employment. Work program services include up-front job search, job search - job readiness training, education, job training, support and retention services.

Eligibility:

Must be income eligible and enter into agreement with local department stating the following: family's goals; agreeing to undergo substance abuse screening and participate in assigned work activities; and assigning child support

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Food Stamps

Services:

Monthly subsidies available to households to be used to purchase food from authorized retail stores and from certain meal providers for the homeless

Eligibility:

A household is categorically eligible if all members of the household are receiving or are authorized to receive:

- (1) cash benefits funded in full or in part with federal money under Title IV-A or with State money counted for maintenance of effort purposes under Title IV-A;
- (2) non-cash or in-kind programs funded in full or in part with federal money under Title IV-A or with State money counted for maintenance of effort purposes under Title IV-A that are designed to further purposes one and two of the Temporary Assistance to Needy Families block grant, as set forth in Public Law 104-193 §401;
- (3) Transitional Emergency, Medical, and Housing Assistance (TEMHA)
- (4) Public Assistance to Adults (PAA); or
- (5) SSI benefits.

A household that is not categorically eligible may retain countable resources up to \$2,000. A household of one or more members that includes a member 60 years old or older or a disabled person may retain up to \$3,000. In addition, the household must meet the net income eligibility standards set forth in regulations.

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Emergency Assistance to Family with Children (EAFIC)

Services:

Each local department of social services has a local plan of service to provide cash and other assistance in emergency situations

Eligibility:

Children and certain members of their families with whom they are living who do not have resources immediately available to meet their needs and for whom assistance is needed to avoid destitution; emergency must not be result of quitting a job

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Disability Entitlement Advocacy Program (DEAP)

Services:

Assistance in applying for and establishing eligibility for Social Security Disability Insurance and Supplemental Security Income; provides advocates for applicants in appealing the denial of benefits

Eligibility:

Low income disabled adults

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Transitional Emergency Medical and Housing Assistance (TEMHA)

Services:

Provides essential medical, housing, and other services to low-income disabled adults who are ineligible for other categories of assistance

Eligibility:

Must be a U.S. citizen or legally admitted alien who is a resident of Maryland and of the local jurisdiction at the time of application; must be unemployed and financially in need; must be determined to have an impairment for at least 3 months; must be ineligible for cash assistance from other government programs except if have SSDI or SSI applications pending; must agree to pursue other sources of income, and sign an Interim Payment Reimbursement Authorization if applying for SSI

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Public Assistance to Adults (PAA)

Services:

Provides cash payments to low income individuals residing in an assisted living or rehabilitative residence, or a CARE home

Eligibility:

Must be a resident of Maryland and residing in an assisted living or rehabilitative residence, or a Care home, and have needs in excess of countable income and resources; applicant must apply for Social Security or other available benefits; must provide verification that individual is not receiving other cash benefits

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION: Medical Assistance (MA)

Services:

Eligibility determinations for the Medical Assistance Program

Eligibility:

Customers eligible for TCA are categorically eligible for MA; eligibility criteria are determined by the Department of Health and Mental Hygiene

Access to Services:

Local departments of social services

Department of Human Resources

FAMILY INVESTMENT ADMINISTRATION:

Burial Assistance

Services:

Subsidizes funeral expenses of public assistance recipients, children receiving foster care, Medical Assistance recipients, and a newborn child who is not a part of a TCA assistance unit, if the child's mother was a TCA recipient at the time of the child's death and the death occurred within 60 days of the child's birth or the date the mother was released from the hospital following the birth

Access to Services:

Local departments of social services

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION

The Community Services Administration provides resources and direction to other entities to serve disadvantaged and vulnerable individuals and families with high quality, community-based services that meet their basic needs and help them to integrate into the community and achieve economic independence.

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Displaced Homemaker Program

Services:

Career counseling; referral to other services; intensive workshop designed to assist participants develop life and job skills and obtain employment; discussion groups on such issues as workforce or school entry or re-entry, stress management, or separation and divorce

Eligibility:

An individual age 35 or older who has had or would have difficulty finding employment and has been dependent on the income of a family member or federal, state or local government assistance which is no longer available

Access to Services:

Community-based organizations; a fee may be charged

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Maryland Legal Services Program

Services:

Provides quality, cost effective legal representation to children and indigent adults in state court proceedings for “Children in Need of Assistance” (CINA), “Termination of Parental Rights” (TPR), and Adult Guardianship proceedings.

Eligibility:

Must be a child in need of assistance (CINA) or a child involved in termination of parental rights (TPR) proceedings where a local department of social services is a party to the case, or be an indigent adult in an adult guardianship proceeding where the Office of Aging is a party to the case.

Access to Services:

Court appoints attorneys to CINA, TPR, and Adult Guardianship cases; attorneys make the panel attorney list by participating in the Request for Proposals procurement process and being awarded a contract.

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of Home Energy Programs

Services:

Assists low-income Maryland citizens pay their heating bills and make energy costs more affordable.

Eligibility:

Applicants must meet income eligibility requirements.

Applicants may be automatically eligible if:

- elderly or disabled and living on a limited income
- receiving Public Assistance
- receiving Supplemental Security Income (SSI)
- family receiving food stamps
- receiving certain veterans or Social Security disability benefits
- a homeowner or a renter (roomer or boarder), regardless of whether paying own heating costs

Residents of subsidized housing may also qualify even if their heat is paid as part of their rent.

Access to Services:

Local departments of social services

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION
Office of Home Energy Programs

1. Maryland Energy Assistance Program (MEAP)

Services:

Provides assistance with home heating bills and replacement of broken and inefficient furnaces

2. Utility Service Protection Program (USPP)

Services:

Allows MEAP eligible households to enter into a year-round even monthly payment plan with utility companies

3. The Electric Universal Service Protection Program (EUSP)

Services:

Assists low-income electric customers with their electric bills and with energy efficiency measures to reduce future electric bills

4. Weatherization Assistance Program (WAP)

Services:

Provides home weatherization services, such as weather stripping, caulking, plastic window covering, etc.

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Office of Transitional Services**

Services:

The Office of Transitional Services funds a variety of programs to prevent homelessness, to assist women and families in crisis and transition, to assist victims of crime and their families, and to fight hunger and improve nutrition. For more information call (410) 767-7719.

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Office of Transitional Services Programs**

1. Homelessness Prevention Program

Services:

Helps families and individuals who are at risk for eviction to stay in their housing by providing limited grants or loans to households with a pending eviction; some jurisdictions provide support counselors who work with tenants and landlords to prevent evictions

Eligibility:

Must be faced with a court ordered eviction

Access to Services:

Services are provided through local homelessness agencies

2. Housing Counselor Program

Services:

Assists low income families who are homeless, or in imminent danger of becoming homeless, locate, secure, and maintain permanent housing by helping them establish credit references and apply for subsidized housing; counselors can help access local public and private resources for the first and last month's rent, security deposits, utility payments, or donations of furniture

Eligibility:

Homeless families or individuals, or those in imminent crisis of becoming homeless

Access to Service:

Services available through local intake systems designated at the local level

3. Service-Linked Housing Program

Services:

Provides funds for resident advocates to link low-income residents of permanent housing to community services, such as health services, education, job training, employment, addiction treatment, and other counseling

Eligibility:

family must meet low-income eligibility criteria

Access to Services:

Services are provided through local homelessness agencies

4. Emergency and Transitional Housing and Services Program

Services:

Provides funding for emergency and transitional shelters for people who are homeless; includes shelter and support services, such as limited rent assistance, food, transportation, and case management; Freezing and Inclement Weather Plans

Eligibility:

Homeless family units or family units vulnerable to homelessness, as defined in the regulations

Access to Services:

Services are provided through local homelessness agencies; CSA publishes a Directory of Maryland Emergency Shelters and Transitional Housing Programs; directory includes each jurisdiction's Freezing and Inclement Weather Plan

5. Homeless Women - Crisis Shelter Program

Services:

Provides shelter, room and board, counseling, and referral services to homeless women and children; shelters offer a 24-hour crisis hotline in addition to safe accommodations and meals; other services include direct resource referral for housing, physical and

mental health care, education, training, employment services, and case management

Eligibility:

Adult female residents of Maryland without shelter, not able to be housed by other shelter or housing services, and not excluded by certain provisions of the regulations.

Access to Services:

Providers are located in 15 Maryland jurisdictions

6. Federal Supportive Housing Program

Services:

Provides flexible dollars to homeless service providers, allowing local jurisdictions to fill gaps in their continuum of care. Programs provide safe havens, domestic violence transitional shelters, rent subsidies for formerly homeless disabled people, supportive services, and housing units.

Eligibility:

For transitional housing programs, homeless households; for permanent supportive housing programs, homeless households with at least one disabled person.

Access to Services:

Jurisdictions apply for funds by identifying gaps in their continuum of services available for homeless individuals and families.

7. Food Assistance and Nutrition Programs

Services:

Provides funding for and food to community- based food providers and food pantries

Eligibility:

Varies depending on the program

Access to Services:

To locate programs serving Maryland communities contact Kirk Wilborne at (410) 767-7015.

8. Emergency Food Assistance Program (TEFAP)**Services:**

Distributes federal surplus foods to emergency food pantries and needy households; program operates in partnership with local governments and community organizations in all of the State's 24 jurisdictions

Eligibility:

Low income families and individuals

Access to Services:

Local food pantries and soup kitchens

9. Maryland Emergency Food Program**Services:**

Provides cash grants to localities expanding the resources of food pantries and soup kitchens to purchase emergency foods to serve hungry persons in their communities

Eligibility:

Low income individuals and families who present at food pantries and soup kitchens

10. Statewide Nutrition Assistance Program**Services:**

Provides funds for capital equipment needed by food pantries and soup kitchens in order to achieve their mission of distributing emergency food to people in need of assistance

Eligibility:

Organizational recipients only

11. Home-Delivered Meals to Persons with HIV/AIDS

Services:

Nutritious meals, prepared in a safe and contamination-free manner, to help maintain the immune system and reduce the side effects of some medications

Eligibility:

Ryan White eligibility criteria for food and nutrition services for people living with HIV/AIDS

Access to Services:

Home-delivered meals and groceries

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of Victim Services

Services: funds programs designed to respond to the emotional and physical needs of crime victims, to assist victims and their families to stabilize their lives, to assist victims understand and participate in the criminal justice system, and to provide victims safety and security. Funds are targeted primarily for three areas, domestic violence, rape/sexual assault, and child abuse. For more information call (410) 767-7565.

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of Victim Services Programs

1. Victims of Crime Assistance Program

Services:

Programs are designed to respond to the emotional and physical needs of crime victims, to assist victims and their families to stabilize their lives, to assist victims understand and participate in the criminal justice system, and to provide victims safety and security. Funds are targeted primarily for three areas, domestic violence, rape/sexual assault, and child abuse.

Eligibility:

An individual who has been an alleged victim or a victim of crime, as well as affected family or friends, or both, of the alleged crime victim

Access to Services:

Services are available throughout the state, not every jurisdiction has specific services for each crime victim category

2. Rape Crisis and Sexual Assault Program

Services:

Funds community-based rape crisis programs in every Maryland jurisdiction; funds are used to provide services to adult and child victims of rape and other sexual offenses. Services include: 24 hour hotline, counseling, medical intervention, etc.

Eligibility:

An individual who has been an alleged victim or a victim of a rape or sexual assault, as well as affected family or friends, or both, of the alleged crime victim

Access to Services:

Community-based rape crisis programs throughout the state

3. Domestic Violence Program**Services:**

Funds programs designed to provide safe refuge and support services to victims of domestic violence and their children. Services include a 24-hour hotline, safe accommodations and board for victims and their children, therapeutic counseling, abuser intervention programs, legal counseling and court accompaniment.

Eligibility:

An individual who has been an alleged victim or a victim of domestic violence, as well as affected family or friends, or both, of the alleged crime victim

Access to Service:

Services are provided through a network of community based domestic violence programs and are available in every jurisdiction in Maryland

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Office of Adult Services**

Services: in conjunction with local departments of social services and community based organizations, coordinates services that focus on the needs of the elderly and the disabled vulnerable adult

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of Adult Services Programs

1. Adult Protective Services

Services:

Professional services to protect the health, safety, and welfare of vulnerable adults; the local departments of social services are the guardians of last resort for vulnerable persons ages 18 to 65

Eligibility:

Must be a vulnerable adult who is the alleged victim of abuse, neglect, self-neglect or exploitation, provided that he/she is not a resident in a mental health facility, nursing home or hospital, or facility for mentally retarded individuals

Access to Service:

Local departments of social services receive reports from family, friends, the community or vulnerable adult

2. In-Home Aid Services

Services:

Chores, personal care, transportation/escort, training in self-care and care-giving skills; guidance and support to parents under stress, caretakers of individuals with disabilities, and to aged and vulnerable adults

Eligibility:

Any individual receiving case management services from a local department or other social service agency through an arrangement with the Community Services Administration and requires the service as part of a treatment plan to:

- prevent or reduce the length of institutional placement

- prevent or reduce the length of out-of-home placement of children
- prevent or remedy abuse, neglect, or exploitation
- promote self-sufficiency

The individual must be unable to obtain paraprofessional services from another source, be willing to accept the services, and agree to pay a fee.

Access to Services:

Services available through the local departments of social services

3. Project Home

Services:

Provides Certified Adult Residential Environment (CARE) homes where disabled persons 18 years or older are cared for; CARE homes provide room, board, assistance with personal hygiene and other activities of daily living

Eligibility:

Maryland residents with a disability who are 18 years or older and have no appropriate and willing relative who will provide the care

Access to Services:

Apply at a local department of social services; if necessary, the local department will visit the applicant to gather information

4. Social Services to Adults

Services:

A case management program designed to assist elderly, disabled and vulnerable adults, age 18 years and older, obtain needed home and community based long-term care services, equipment, and other services

Eligibility:

Maryland residents living on limited income who are in need of services and agree to receive services and pay a fee, if income allows

Access to Services:

Apply at a local department of social services; if necessary, the local department will visit the applicant to gather information

5. Representative Payee Program**Services:**

Provides trained volunteers to act as the representative payee of a disabled adult; the trained volunteer manages a direct deposit checking account of client's funds to pay bills and make purchases, and monitors the client's other needs

Eligibility:

Elderly and disabled adults with limited incomes

Access to Services:

Available in 13 counties

6. Adult Public Guardianship**Services:**

Court appoints a local department of social services director or other public entity guardian of an adult to safeguard that person's welfare

Eligibility:

Must be 18 years of age and unable or unwilling to accept protective services voluntarily

Access to Service:

Reports of neglect, abuse, or inability to care for self are received by local departments of social services; the local departments of social services conduct investigation and provide services; circuit courts appoint guardians

7. Project Safe (Stop Adult Financial Exploitation)**Services:**

Training to the financial and law enforcement communities on how to detect and report financial exploitation; educates vulnerable Maryland residents about how to avoid financial exploitation

Eligibility:

Maryland residents and financial and law enforcement entities

Access to Services:

Office of Adult Services and the Maryland Department of Aging

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Office of Personal Assistance**

Services:

Coordinates programs that provide support services to adults with disabilities to enable them to live in the community

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of Personal Assistance Programs

1. Maryland Community Choices Medicaid Waiver Program

Services:

Statewide program for people with disabilities, who are between the ages of 21 -59, and need assistance with daily living; moves individuals out of nursing home into the community

Eligibility:

Maryland residents with disabilities between the ages of 21 and 59, who need nursing facility level care; must meet income eligibility requirements

Access to Services:

2. Attendant Care Program

Services:

Statewide program that provides financial reimbursement for attendant care costs for individuals 18-64 years, with chronic or severe physical disabilities; may include in-home assistance with personal care, chore services, and transportation; recipient of services is responsible for recruiting, training, hiring, supervising, and paying their attendant

Eligibility:

Adults age 18 to 64 with chronic or severe physical disabilities; must be employed, actively seeking employment, institutionalized in a nursing facility but medically able to reside in the community with appropriate supports, or on a waiting list for a nursing facility

Access to Services:

For more information call (410) 767-7479

3. Nursing Home Transition Program

Services:

Statewide program that provides and shares information for locating suitable housing and provides needed transition services to help people with physical disabilities who reside in nursing homes to move into the community; housing transition specialists provide listings of affordable, accessible housing and community support resources; housing transition specialists also have access to specific funds to assist individuals with security and utility deposits, environmental modifications, and obtaining necessary furnishings

Eligibility:

Maryland residents ages 21 to 65 years, who have physical disabilities and are residing in Maryland nursing facilities; must receive or be eligible for Medical Assistance under special rules and have a desire to move and need assistance

Access to Services:

Contact Center for Independent Living in jurisdiction in which you live

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Maryland Fatherhood Initiative**

Comprised of eight distinct employment and supportive services programs, designed to promote the positive emotional and economic involvement of fathers in the lives of their children.

Department of Human Resources

**COMMUNITY SERVICES ADMINISTRATION:
Maryland Fatherhood Initiative Programs**

1. The Young Fathers-Responsible Fathers Program

Services:

Provides educational and employment opportunities and emotional support to enable fathers to play a productive role in their children's lives

Eligibility:

Young, unwed current or expectant fathers

Access to Services:

Operates through six local departments of social services: Kent County, Baltimore City, Talbot County, Montgomery County, Prince George's County, and Washington County.
www.FatherhoodMD.org

2. Access and Visitation Program

Services:

Services for non-custodial fathers to assist in the mediation and visitation with their children; includes counseling, support group activities, drop off sites, and parenting contract development

Eligibility:

Non-custodial fathers

Access to Services:

Services are delivered through community-based organizations, family court and local departments of social services; sites are located in the District of Columbia, Elkton, Columbia, Hagerstown, Baltimore, Frederick, and Bel Air

3. Partners for Fragile Families Program

Services:

Job readiness and placement; counseling; substance abuse counseling; and parenting skills

Eligibility:

Low-income never-married fathers between the ages of 16 and 25 residing in the Baltimore City area

Access to Services:

Baltimore City

4. Absent Parent Program

Services:

Program provides workforce development services that are designed to increase the earnings capacity of unemployed or underemployed non-custodial parents who are failing to meet their child support obligations

Eligibility:

Non-custodial parents and residents of Harford or Prince George's counties

Access to Services:

Voluntarily through the Child Support Enforcement Office or court-ordered from contempt and paternity hearings

5. Dad Make a Difference Program

Services:

Teens ages 16-18 are trained to teach middle school aged teens about the importance of fathers in children's lives

Eligibility:

Teenagers

Access to Services:

Child Support Enforcement Administration

6. Arrears Leveraging Program

Services:

Designed to assist low-income non-custodial parents who owe child support to the state and are experiencing difficulties meeting their current child support obligations; program participants are given a credit for a portion of their child support arrears after meeting certain criteria

Eligibility:

Low-income non-custodial parents owing child support arrears to the state

Access to Services:

Child Support Enforcement Administration

7. Home Visiting Fathers Program

Services:

Program encourages the long-term involvement of both mothers and fathers in rearing their child with the goal of reducing subsequent non-marital births; services include reproductive health counseling, parenting skills instruction, mediation counseling, employment training, and job search preparation and assistance

Eligibility:

Unmarried parents that are expecting or have recently given birth to their first child

Access to Services:

Community-based organizations

8. Maryland Individual Development Accounts

Services:

Assists low-income individuals open and maintain savings accounts at federally insured institutions; savings are to be used for post-secondary and vocational education expenses other than tuition, home acquisition costs, major home repairs, or payment to business capitalization accounts; program participants receive educational counseling, economic literacy training, and case management services

Eligibility:

Employed individuals whose income does not exceed 200% of the federal poverty level and who have liquid assets totaling less than \$5000 excluding home equity and vehicular values

Access to Services:

The Maryland Center for Community Development, 1118 Light Street, Baltimore, Maryland 21230

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Youthbuild Programs

Services:

A comprehensive youth and community development program as well as an alternative school. Runs on a twelve month cycle and offers job training, education, counseling, and leadership development opportunities to unemployed and out of school young adults through the construction and rehabilitation of affordable housing in their own communities. Alumni receive post program counseling.

Eligibility:

Young adults ages 16-24 who are unemployed and out of school, and at imminent risk of adult incarceration.

Access to Services:

Baltimore City and Prince George's County

Department of Human Resources

COMMUNITY SERVICES ADMINISTRATION: Office of New Americans

Services:

Provides support services to refugees to ease their transition into American society; instructs refugees on life skills, familiarizing them with such daily routines as how to shop at the supermarket, manage a budget, take public transportation, keep their money in banks, register for the draft, how to obtain and maintain employment; provides cash, medical assistance, and social services to refugees resettled in the state.

Eligibility:

Applicants for refugee assistance who meet one of the following immigration statuses and identification requirements: (1) paroled as a refugee or asylee; (2) admitted as a conditional entrant; (3) admitted as a refugee; (4) granted asylum; or (5) certified as a victim of trafficking. Refugees eligible for TANF, SSI, or the Medicaid program receive assistance under those programs. Refugees who are not eligible for the above programs may receive Refugee Cash Assistance and Refugee Medical Assistance during the first 8 months.

Access to Services:

Statewide service providers. For more information call (410) 767-7514.

Department of Human Resources

CHILD SUPPORT ENFORCEMENT ADMINISTRATION:

Services:

Provides child support collection, distribution, and paternity determination services to any individual in need of those services who files an application for services with the Child Support Enforcement Administration; provides that the support rights that are assigned to the state by AFDC and TCA recipients constitute an obligation to the state and are collected; provides support collection services in cases in which the state is making foster care maintenance payments on behalf of a child

Eligibility:

All persons for whom a court has ordered support payments through the Child Support Enforcement Administration; recipients of public assistance who have assigned their support rights to the state; individuals who have filed an application for child support enforcement services and paid a fee

Access to Services:

Local departments of social services; in Baltimore City, Child Support Enforcement Office

DEPARTMENT OF JUVENILE SERVICES

The Maryland Department of Juvenile Services provides individualized care and treatment to youths who have violated the law, or who are a danger to themselves or others. Through a variety of programs that reflect the most creative, effective and efficient use of resources, the Department of Juvenile Services strives to help young people, with the involvement of their families, reach their full potential as productive and positive members of society. The Department of Juvenile Services is committed to making youths responsible and accountable for their actions, and is proud of its recent accomplishments and initiatives. This is accomplished at the least restrictive level of care consistent with public safety.

DJS works closely with other state agencies, including the Department of Education, Department of Human Resources and Health and Mental Hygiene, and local agencies to efficiently and effectively work with young people and their families.

Department of Juvenile Services

PROGRAMS FOR PRE-DELINQUENT YOUTH: Prevention and Early Intervention Services (Informal Community Supervision)

Services:

The Department of Juvenile Services is committed to early identification of problems that can escalate and place youth in the Juvenile Justice System. Maryland law provides for the development of programs for the pre delinquent child whose behavior tends to lead to contact with law enforcement agencies. Prevention programs are designed to stop delinquent behavior before it starts. Services are community-based and youth are supervised by case managers (juvenile counselors). Informal voluntary agreements are made and supervision is for a period up to 90 days unless otherwise extended.

Youth are linked to the services as indicated on the information agreement and may include:

- individual and family counseling
- advocacy
- drug abuse education

Eligibility:

All youth are eligible for prevention and early intervention programs. However, the target population is youth at risk of getting into trouble or is newly offending. The offenses are family oriented or school related, including curfew violations, running away and drug or alcohol involvement. Youth are referred by the police, the youth's family members or concerned individuals in the neighborhood.

The youth, parent(s) and, where applicable, the complainant or victim, must agree to participate in informal community supervision. Youth need not be adjudicated delinquent.

Access to Services:

Families should contact their local DJS intake office. Intake officers screen referrals for legal sufficiency and other mitigating factors. The intake officer determines the youth's current level of functioning through the use of risk screening tools. Based on these screens, the intake officer can decide to resolve the case with no further action, place the youth on ninety-day informal supervision or refer the case to the State's Attorney with a recommendation for formal action.

If accepted for informal supervision, the intake officer will develop a service plan and make referrals for services, as appropriate.

A list of local DJS offices appears on the DJS web site at www.djs.state.md.us under General Information, Area Offices.

Department of Juvenile Services

PROGRAMS FOR DELINQUENT YOUTH: Nonresidential Community-Based Programs (Probation and Aftercare Services)

Services:

Youth participating in community-based programs live in their own homes or in surrogate homes while receiving treatment and supervision. Services range from counseling to advocacy and special day programs. Youth participate in programs as conditions of court ordered probation or aftercare.

Court ordered probation. Youth placed on probation are subject to specified conditions of the juvenile court or DJS.

Aftercare. Support services are provided after a youth's release from residential placement. This supervision will assist the youth and their family as he or she transitions home. Supervision will afford the youth the support needed to successfully reintegrate into the community and ultimately prevent recidivism. Youth are assessed to determine whether they should be placed in the Intensive Aftercare Program or receive standard aftercare services.

General service requirements vary with the individual programs; however, programs include:

- Supervisory services from case managers or probation/aftercare workers. The level of supervision (i.e., unsupervised or supervised) depends on youth's risk of committing further delinquent acts. Workers visit the youth in their homes, schools, or places of employment.
- Appropriate services tailored to the needs of the youth (and family).
- Enrollment in an educational or vocational program.
- Partnerships with private organizations to help prepare youth to enter the job market.
- Community service. DJS has formed partnerships with organizations to provide young people with meaningful service. This service provides both help to neighborhoods and communities, and it teaches young people that there is a price to pay for committing offenses.

Eligibility:

The target population is youth, up to age twenty-one, who are newly offending, non-serious or non-chronic offenders OR youth who are released from residential placement. The youth must be adjudicated a delinquent by the juvenile court.

Access to Services:

The Juvenile Justice process begins with referrals from police and citizens. Referrals are screened for legal sufficiency and other mitigating factors and assigned to an Intake Officer. Intake Officers forward cases to the State's Attorney for formal court processing based upon specific structured risk screening criteria. Those cases approved by the States Attorney's Office will be scheduled for an adjudication hearing. Youth will be provided an in-depth assessment and referred for further evaluations if a need is determined. This information, in addition to any other background material, will provide the basis for supervision and care and influence court decisions. A Treatment Service Plan (TSP) will be developed incorporating assessments and recommendations and will serve as the outline for the Department's recommendation to the court at disposition.

The disposition may range from an order for probation with a variety of conditions, to commitment to the Department for placement out-of-home. Youth who are committed for placement will be assessed for risk to determine whether they should be placed in the Intensive Aftercare Program or receive standard aftercare services.

- Court ordered probation. Once ordered, the probation officer will implement the TSP tailored to the youth's needs. The youth will also be assigned a level of supervision consistent with a risk score (determined at intake) and TSP.

A central repository of community-based services, Central Service Repository (CSR), has been established, web-enabled, and maintained to identify all community-based services that are available to address the needs of the youth and their families. The CSR will be employed by all case managers to ensure that all available service options within the community are considered when developing services plans for each youth.

- Aftercare. If committed to the Department for placement in a residential facility, the probation officer will conduct a service evaluation and develop an Aftercare plan tailored to the youth's needs prior to the youth's release from residential placement. Youth will be assessed for risk to determine whether they should be placed in the Intensive Aftercare Program (IAP) or receive standard aftercare services.

The IAP emphasizes intensive supervision for high-risk youth committed to the Department. Aftercare planning and service delivery begins immediately when a youth is court-ordered to a residential facility. A team approach is adopted and wraparound services are provided by Intensive Aftercare Case Managers with unique roles and responsibilities. A master's level clinician, Family Interventionist Specialist (FIS), provides clinical support for youth and their

families. Intensive Aftercare teams work non-traditional hours, including evening and weekends, and work in collaboration with community service providers in providing optimum service. Youth released from a residential facility are supervised through intense monitoring a home, at school, and in the community.

A note on Treatment Service Plans (TSPs):

All adjudicated youth will have Treatment Service Plans (TSPs). TSPs are plans recommended at a disposition or at a disposition review hearing by the Department to the court proposing specific assistance, guidance, treatment, or rehabilitation of a youth. Maryland State law requires the Department to provide TSPs to the courts and implement them within strict time limits, i.e., 25 days after disposition. DJS is to notify the court as to whether the TSP has been implemented. If a TSP is not implemented, the court shall schedule a disposition review hearing.

While no format is specified for TSPs, DJS has developed a format that contains elements essential for documenting services in five major domain areas: education; mental health; somatic health; substance abuse; and family functioning. Essentially, the TSP serves as a case management guide for service referral and youth accountability. TSPs are updated periodically and adjusted according to a youth's response to service delivery.

Department of Juvenile Services

PROGRAMS FOR DELINQUENT YOUTH:

Residential Programs **(Commitment)**

Services:

Youthful offenders need to understand the consequences of their actions, and to that end the Department offers residential services ranging from community-based residential programs, specialized residential programs, and secure confinement programs.

Recognizing that there will always be a need for care for juvenile offenders, the Department has taken steps to make that care as productive as possible.

Comprehensive case management is a key element of success in residential programs. Staff at DJS takes a close look at all young people serviced by the Department, assesses them, and make decisions on the best programs. The needs of the youth are balanced with the paramount interest of community safety. Residential programs are designed to meet the particular needs of its population. Each facility provides:

- Educational and vocational programs;
- Medical and mental health assessment services;
- Drug and alcohol abuse assessment and referral services OR certified treatment programs;
- Victim awareness counseling; and
- Programs that ensure a safe, humane, and caring environment.

The following are the types of out-of-home or residential service programs offered by the Department and their descriptions:

- Family Foster Care. Serves youth in a family setting who are experiencing behavioral problems and who may need a respite from family or neighborhood issues. Also served are youth who may need a long term placement primarily because home may not be appropriate for them to remain. Average length of stay is six months to two years.
- Therapeutic Foster Care. Serves youth who are emotionally or developmentally disabled but whose behavior is not so severe that removal from the community and placement in a secure setting is necessary. Average length of stay is six months to two years.
- Group Homes. Serves youth who are not deemed dangerous to the community. Group homes provide services of varying intensity, frequently accessed from those available in the community. Youth receive these services then transition

back into their homes or similar environment. Average length of stay is six to nine months.

- Therapeutic Group Homes. Provide residential care as well as access to a range of diagnostics and therapeutic mental health services for youth who are emotionally or developmentally disabled requiring structure and supervision but who are not an imminent risk to the community. Average length of stay is six months to two years.
- Substance Abuse Programs/Drug Treatment Centers. Provide addiction services for youth with substance abuse and multiple family/community problems. Youth require residential drug/alcohol abuse detoxification, treatment, counseling and/or education, and relapse prevention strategies. Average length of stay can be up to six to nine months.
- Independent Living. Programs for youth who need to become self-sufficient and learn responsible living because of unlikelihood of returning home. The youth will be in either group homes or supervised apartment units and must enroll in high school, college, vocational training or be gainfully employed. Average length of stay is six to nine months.
- Residential Treatment Centers. Serve youth who require psychiatric service in a highly structured setting, with 24 hour awake staff with intensive psychiatric, psychological and clinical social work services for severely emotionally disturbed and/or developmentally disabled children. Admission requires a diagnosed mental illness and certification that this level of care is needed. Average length of stay ranges from nine to 12 months.
- Youth Centers. Serve youth who do not require a facility secure environment but need a structured setting. Youth gain self-help and character building skills, in a staff secure environment. Average length of stay is six months.
- Impact Programs. Serve youth who have failed to respond to probation or other nonresidential intervention and need structure, stabilization and supervision before returning to the community. Average length of stay ranges from 30 to 90 days.
- Secure Facilities. Serve youth who are deemed to be a public safety risk, and who require intervention services to decrease their delinquent behavior. Various interventions are provided including anger management, social skills development, group work, education, recreation and, at some programs, vocational and job preparedness. Average length of stay ranges from 90 days to 12 months.

Eligibility:

Youth in residential care are the most serious or chronic offenders or require mental health or substance abuse services. To be eligible for services, a court must commit or transfer legal custody of a youth to the Department for placement. Commitments are valid for up to three years, unless renewed, or until the youth reaches twenty-one (21). The court may designate the

type of facility where the child is to be accommodated. However, the Department determines the specific placement of the youth. The youth must meet the criteria for the specific placement.

Access to Services:

Prior to or upon commitment to the Department, the case worker will request that a resource staffing take place. Resource staffings are meetings where the youth's case worker, supervisors, and placement specialists discuss appropriate services tailored to the youth's needs. The probation officer will ensure that proper placement authorization procedures have been followed. To facilitate the appropriate placement, youth may be ordered to receive a physical or mental examination.

While awaiting placement in the appropriate setting, youth may be ordered by the court to remain in pending placement, a temporary program in a secure setting.

Youth are placed in the least restrictive environment that is consistent with the level of risk they pose for re-offending and appropriate services tailored to the youth's needs.

**GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND
FAMILIES**

Governor's Office for Children, Youth and Families

SCHOOL BASED HEALTH CENTERS:

Services:

School Based Health Centers (SBHCs) currently operate in 60 public schools in Maryland. SBHCs provide medical and mental health services to students who attend the school and are enrolled in the school-based health center. Enrollment requires signed parental consent. It is important not to confuse school health services with school-based health centers. School health services are mandated services for all students in all public schools in Maryland.

School-based health centers (SBHCs) provide on-site medical and mental health services that promote the health and educational success of school-aged children and adolescents. Services are provided by a community health organization, in partnership with the school, and through a collaborative planning process that includes families and students, communities, school districts, and individual and agency health care providers. These services may include:

- Comprehensive Physical Exam
- Sports Physicals
- Diagnosis and treatment of minor acute illnesses
- Monitoring of chronic illnesses
- Nutrition and weight management
- Health risk assessment and prevention

These centers can also provide:

- ♦ Mental health services (crisis intervention and individual and group therapy and family counseling)
- ♦ Substance abuse prevention, early intervention and treatment
- ♦ Oral health services including screening, sealants, fluoride treatment and cleaning

All services are coordinated with the child's primary care physician if one has been identified. All services are provided by properly licensed and credentialed physicians, nurse practitioners, mental health providers, school health providers, school health nurses, dental health providers, health educators and other health professionals.

Eligibility:

Any child enrolled in the school whose parent/guardian has consented to care in the school-based health center may receive services. In some schools, the students' family members may also be able to receive mental health services. In some schools, services have been extended to include care to children in a defined geographic area or to siblings of students enrolled in the school-based health center. This varies based on the wishes of the school, community and sponsoring health care provider.

If the student is seeking services covered by Maryland's minor consent laws, the student may receive care in the school-based health center as they would from any health care provider in

Maryland. Some school-based health centers have agreed not to provide all services to students allowed by the Minors Consent Law (e.g. refer for contraception) In these schools, the provider in the school-based health center would refer the student to an appropriate resource either in the local health department or the private provider community.

Funding:

Funding for school-based health centers comes from various sources, including Federal, State and local appropriations, local health departments, local educational agencies, business, in kind contributions, and foundations grants.

Insurance information is requested for all students enrolled in school-based health centers. Both public and private insurance is billed for services provided to enrollees in the school-based health center by school-based health centers. Co-payment, deductibles and service charges not covered by insurance are usually waived. No student is refused care due to lack of insurance coverage or inability to pay.

Access to Services:

Families of students enrolled in schools with SBHCs should contact the SBHC directly to enroll and receive services. Students may also self-refer for services covered by the minor consent laws.

Please contact the Governor's Office for Children, Youth and Families at 410-767-4160 for more information about SHBCs.

Maryland Schools With School-based Health Centers:

BALTIMORE CITY		
Arnett J. Brown, Jr. Middle School/ Southside Academy SBHC	2700 Seamon Avenue Baltimore, MD 21215	Lisette Osborne Baltimore City Health Department 210 Guilford Ave, 2 nd Floor Baltimore, MD 21202 410-396-8615
Carter Woodson Elementary School SBHC	2501 Seabury Road Baltimore, MD 21225	
City Springs Elementary School SBHC	100 South Caroline Street Baltimore, MD 21231	
Dr. Roland N. Patterson Jr. Academy SBHC	4701 Greenspring Avenue Baltimore, MD 21209	
Harford Heights Elementary School SBHC	1919 North Broadway Baltimore, MD 21202	
Harlem Park Middle School SBHC	1500 Harlem Avenue Baltimore, MD 21217	
William S. Baer School SBHC	2001 North Warwick Ave Baltimore, MD 21216	
Lake Clifton High School SBHC	2801 St. Lo Drive Baltimore, MD 21213	

Lombard Middle School SBHC	1601 East Lombard Street Baltimore, MD 21231	
Northwestern High School SBHC	6900 Park Heights Avenue Baltimore, MD 21215	
Patterson High School SBHC	100 Kane Street Baltimore, MD 21224	
Paul Lawrence Dunbar Senior High School SBHC	1400 Orleans Street Baltimore, MD 21231	
Southern High School SBHC	1100 Covington Street Baltimore, MD 21230	
Southwestern Senior High School SBHC	200 Font Hill Avenue Baltimore, MD 21223	
Walbrook High School SBHC	2000 Edgewood Street Baltimore, MD 21216	
C.A.T.C.H., Canton Middle School	801 South Highland Avenue Baltimore, MD 21224	Renee Youngfellow Baltimore Medical Systems 5001 Sinclair Lane Baltimore, MD 21206 410-325-2397
T.H.A.T. Place, Thurgood Marshall Middle School	5001 Sinclair Lane Baltimore, MD 21206	
Harbor City High School SBHC	1001 West Saratoga Street Baltimore, MD 21223	Alan Weisman Maryland General Hospital 827 Linden Avenue Baltimore, MD 21201 410-225-8642
Lawrence Paquin School SBHC	2200 Sinclair Lane Baltimore, MD 21213	

BALTIMORE COUNTY		
Chesapeake High School SBWC	1801 Turkey Point Road Baltimore, MD 21221	Michele Prumo Baltimore County Public Schools 9610 Pulaski Park Drive Baltimore, MD 21220 410-887-6368 Sponsoring Agency: Baltimore County Department of Health 6401 York Road, 3 rd Floor Baltimore, MD 21212 410-887-3422
Deep Creek Middle School/ Sandalwood Elementary School SBWC	1000 S. Marlyn Avenue Baltimore, MD 21221	
Glenmar Elementary School SBWC	9700 Community Drive Baltimore, MD 21220	
Hawthorne Elementary School SBWC	125 Kingston Road Baltimore, MD 21220	
Kenwood High School SBWC	501 Stemmers Run Road Baltimore, MD 21221	
Lansdowne High School SBWC	3800 Hollins Ferry Road Baltimore, MD 21227	
Logan Elementary School SBWC	7601 Dunmanway Baltimore, MD 21222	
Martin Boulevard Elementary School SBWC	1500 Martin Boulevard Baltimore, MD 21220	
Middlesex Elementary School SBWC	142 Bennet Road Baltimore, MD 21221	
Riverview Elementary School SBWC	3298 Kessler Road Baltimore, MD 21227	

Victory Villa Elementary School SBWC	217 St. Mary's Road Baltimore, MD 21221	
Winfield Elementary School SBWC	8300 Carlson Lane Baltimore, MD 21244	
Woodlawn High School SBWC	1801 Woodlawn Drive Baltimore, MD 21207	
Lansdowne Middle School SBWC	2400 Lansdowne Road Baltimore, MD 21227	
CAROLINE COUNTY		
Colonel Richardson Middle School SBWC	25390 Richardson Road Federalsburg, MD 21632	Jan Willis Choptank Community Health System 301 Randolph Street, PO Box 660 Denton, MD 21629 410-479-4306
Federalsburg Elementary School SBWC	302 South University Avenue Federalsburg, MD 21632	
Greensboro Elementary School SBWC	625 North Main Street Greensboro, MD 21639	
Lockerman Middle School SBWC	410 Lockerman Street Denton, MD 21629	
CECIL COUNTY		
Bainbridge Elementary School SBWC	41 Preston Drive Port Deposit, MD 21904	Norma Dempsey Cecil County Health Department 401 Bow Street Elkton, MD 21921 410-996-5145, x-183
Holly Hall Elementary School SBWC	233 White Hall Road Elkton, MD 21921	
CHARLES COUNTY		
Indian Head Elementary School SBWC	4200 Indian Head Highway Indian Head, MD 20640	Kathy Morgan Eva Turner Elementary School 1000 Bannister Circle Waldorf, MD 20602 301-645-4828 Sponsoring Agency: Charles County Board of Education PO Box 2770 La Plata, MD 20646 301-932-6610 or 301-870-3814
Eva Turner Elementary School SBWC	1000 Bannister Circle Waldorf, MD 20602	
DORCHESTER COUNTY		

Cambridge South Dorchester High School SBWC	2 Cedar Street Cambridge, MD 21613	Kathleen Wise Dorchester County Health Department 3 Cedar Street Cambridge, MD 21613 410-901-2388
Maces Lane Middle School SBWC	1101 Maces Lane Cambridge, MD 21613	
North Dorchester Middle School SBWC	5745 Cloverdale Road Hurlock, MD 21643	
North Dorchester High School SBWC	5875 Cloverdale Road Hurlock, MD 21643	
HARFORD COUNTY		
Edgewood Elementary School SBWC	2100 Cedar Drive Edgewood, MD 21040	Kaye Gibson-Ayuso Harford County Partnership for Families 139 North Main Street, Suite 300 Bel Air, MD 21014 410-638-3166
Halls Crossroads Elementary School SBWC	203 Bel Air Avenue Aberdeen, MD 21001	
Havre de Grace Elementary School SBWC	600 Juanita Street Havre de Grace, MD 21078	
Magnolia Elementary School SBWC	901 Trimble Road Joppa, MD 21085	
William Paca Old Post Road Elementary School SBWC	2706 Philadelphia Road Abingdon, MD 21217	Sponsoring Agency: Harford County Health Department 119 Hays Street, PO Box 797 Bel Air, MD 21014 410-838-1500

MONTGOMERY COUNTY		
Broad Acres Elementary School SBWC	710 Beacon Drive Silver Spring, MD 20903	Joan Glick Montgomery County Department of Health and Human Services 1301 Piccard Drive, 4 th Floor Rockville, MD 20850 240-777-3494
Harmony Hills Elementary School SBWC	13407 Lydia Street Silver Spring, MD 20906	
PRINCE GEORGE’S COUNTY		
Fairmont Heights High School SBWC	1401 Nye Street Capitol Heights, MD 20743	Pat Papa Prince George's County Public School System 7711 Livingston Rd Oxon Hill, MD 20745 301-749-4722
Northwestern High School SBWC	7000 Adelphi Road Hyattsville, MD 20782	

Oxon Hill High School SBWC	6701 Leyte Drive Oxon Hill, MD 20745	Sponsoring Agency: Dimensions Healthcare System 3001 Hospital Drive, Suite 4000 Cheverly, MD 20785 301-583-4000
TALBOT COUNTY		
Easton Elementary School SBWC	305 Glenwood Avenue Easton, MD 21601	Julia Lewis Talbot County Health Department 100 South Hanson Street Easton, MD 21601 410-819-5665
Easton Middle School SBWC	201 Peachblossom Road Easton, MD 21601	
Easton High School SBWC	723 Mecklenberg Avenue Easton, MD 21601	
WASHINGTON COUNTY		
Western Heights Middle School SBWC	1300 Marshall Street Hagerstown, MD 21740	Bonita C. Distad Washington County Health Department 1302 Pennsylvania Avenue Hagerstown, MD 21742 240-313-3449
WICOMICO COUNTY		
Wicomico Middle School SBWC	635 East Main Street Salisbury, MD 21804	Dawn Olds Wicomico County Health Department 108 East Main Street Salisbury, MD 21801 410-219-2842

Governor's Office for Children, Youth and Families

CASE COORDINATION SERVICES FOR HOSPITALIZED CHILDREN IN STATE CUSTODY ("LISA L."):

Services:

A State Multi-Agency Review Team ("MART") provides discharge planning services for children in the custody of a State agency who experience acute psychiatric hospitalization, for the purpose of facilitating the child's transition to post-hospitalization services when discharge is medically appropriate.

A case services coordinator at the Governor's Office for Children, Youth and Families ("OCYF") works with the MART to gather information about the needs of eligible children, track their progress while hospitalized, and work with hospital discharge teams to develop effective discharge plans and facilitate placement in aftercare programs

Eligibility:

Services are provided, under State regulations, to 2 populations:

- Children under 18 years of age in the custody of any Maryland State agency, who are hospitalized in private psychiatric hospitals
- Any minor who is admitted to a public facility operated by the State Mental Hygiene Administration that provides hospital level of care.

Access to Services:

Under State regulations (COMAR 01.04.03), the psychiatric hospital is required to report the admission of any eligible child to the agency with custody of the child within 24 hours of the first business day after admission, and to provide updates every 2 weeks.

MART meets every 2 weeks to track the progress of eligible children and to plan for the child's discharge and aftercare services.

Agency staff should ensure that hospital staff are complying with reporting requirements. Staff should also notify their agency's "Lisa L." contact, or the case services coordinator at OCYF, to:

- advise MART if they know of a hospitalized child in State custody who has not been referred to MART
- obtain assistance in referring hospitalized children in State custody to the LCC or SCC for post-hospitalization services
- to discuss other concerns about the discharge planning and post-discharge placement process.

Funding:

There is no additional cost for case services coordination services to the agency or family.

Contacts:

Musu Fofana, Case Services Coordinator, OCYF 410-767-6264,
mfofana@ocyf.state.md.us

Governor's Office for Children, Youth and Families

INTERAGENCY FAMILY PRESERVATION SERVICES:

Services:

A range of services for families with a child at imminent risk of out-of-home placement are available. These services are designed to prevent the need for out-of-home placement and are provided in the child's home and other community settings.

Services are provided through the Local Management Board.

Interagency family preservation services may include:

- Family and/or individual therapy
- Respite care
- In-home behavioral aide
- Parenting training
- Tutoring and other educational supports

General service requirements include:

- Flexibility in developing appropriate services tailored to the needs of the child and family
- Availability of services providers 24 hours a day, 7 days a week
- Immediate crisis response
- Frequent family contact, with continuous assessment of the safety and other needs of the child and family
- Time-limited services for up to 6 months
- Services average 10 hours per week, with a 5-hour per week minimum

Eligibility:

The target population is families with a child at imminent risk of out-of home placement referred by a local public agency.

"Imminent risk of out-of-home placement" is generally defined as circumstances that have disintegrated to the point where an out of home placement will occur within 30 days unless intensive intervention is provided. Agency staff may refer families for interagency family preservation services when such intervention may be helpful in the following situations:

- DSS: the child is at risk of maltreatment
- DJJ: the child is newly offending, the offenses are family oriented or school-

- related, including curfew violations, running away and drug or alcohol involvement
- Department of Health: current outpatient clinical services and other department resources are insufficient to maintain the child safely at home
- Core Service Agency: due to a mental disorder, the child is at risk of hospitalization despite current out-patient services, or the child has been discharged from a hospital or RTC and is at risk of re-admission
- Local School System: the family of a student with disabilities is experiencing a family crisis that may lead to out-of-home placement.

Interagency Family Preservation would not be appropriate where:

- Other less intensive services may be effective in preventing out-of-home placement
- The risk of harm to the child, family, community or agency staff if the child is not placed immediately is too great. In such circumstances, agency staff should immediately alert the appropriate agency, including child protective services or local law enforcement, if necessary to protect the health and safety of the child or others.
- There is no parent or other adult caretaker willing and able to work with service providers.

To Access Services:

Agency staff should contact the local LMB. The LMB, working with a family preservation service provider and appropriate local agency representatives, will determine if the child is eligible for services and develop a service plan. The LMB-designated service provider will implement the service plan.

A list of LMB addresses and telephone numbers appears at <http://www.ocyf.state.md.us> (Click on Community Partnerships and then Local Management Boards).

Funding:

Interagency Family Preservation Services are paid for out of the State flexible Subcabinet Funds. There are few limitations on the types of services that may be funded. However, there is no entitlement to these services, and eligible families are accepted to receive services until the appropriation is exhausted.

Governor's Office for Children, Youth and Families

COMMUNITY SERVICES INITIATIVE: **("Return/Diversion")**

Services:

The Community Services Initiative ("CSI") (also sometimes called "return/diversion" services) provides alternative services to a child who otherwise would require placement in a residential treatment center or similar program, in the least restrictive environment appropriate to meet the child's needs within or close to the child's home community. CSI services cover a large range of traditional and non-traditional interventions in residential, community and home settings, in accordance with an interagency service plan.

Comprehensive case management is a key element of return/diversion services. Other services may include:

- Therapy and counseling for the child and family members
- In-home "wrap around" services including in-home behavioral aides and other in-home staff assistance
- Respite care
- Special recreational services
- Special equipment and physical modifications to residence and vehicles
- Placement in a group home or other residential program
- Therapeutic or family foster care

CSI services are intended to supplement services to which a child may be eligible through other agencies.

Eligibility:

General Eligibility: Any child referred to the LCC may be considered for CSI services, provided that the LCC and lead agency agree that the child may be served appropriately in the child's home community with additional community based supports. A child may be eligible for services if the child:

- Is currently in a residential placement, and continues to need 24-hour-a-day services ("return"); or
- Is eligible for a residential placement outside of the child's home community through a local lead agency ("diversion").

If a child meets these criteria, the LCC may then refer the child to the Local Management Board. The LMB will decide whether to develop a return/diversion plan of care based upon a series of considerations, including:

- The availability of funds
- An assessment of whether the child's needs can be met through community-based alternative services
- The availability of qualified providers in the community to serve the child
- The parent or other caregivers' acceptance of the alternative plan of care, and the responsibilities which it may require the parent to assume (e.g., in-home services, family therapy)

Duration of Services:

CSI services are generally available for up to 2 years, and eligibility for services requires a determination that the child's needs can be met without Subcabinet funding after a period of two years, based upon:

- A clinical assessment that the child's needs for the services included in the community based service plan will substantially diminish within a 2 year period; or
- The documented commitment of the child's lead agency, or other funding sources, to assume responsibility for the funding and implementation of the child's plan of care after two years.

Eligibility Priorities:

Because the funding for CSI services is limited, the Subcabinet has developed priorities for serving children. The order of priorities with CSI funding, from highest to lowest, is as follows:

1. A child in need of out-of-State placement, as defined Art. 49D, Section 13;
2. A child in need of out-of-state placement, who has already been placed out-of-State;
3. A child in need of residential placement, as defined in Article 49D, awaiting discharge from an in-state residential placement;
4. A child in need of residential placement, recommended for in-state placement; and
5. A child with intensive needs, as defined in Article 49D Section 13, to the extent that additional State funding has been made available by the Subcabinet.

Access to Services

When a local lead agency decides that a child in need of residential placement may benefit from CSI services, the agency may, refer the child to the LCC for return/diversion review. The LCC, in consultation with the child's parent or guardian, will review the child's needs and the lead agency's recommendations. If it determines that the child's needs may be met through CSI services, it will refer the case to the LMB.

The LMB, with its CSI case management contractor and the lead agency, will review the referral. If that team determines that it can provide appropriate CSI services for the child, the LMB will accept the referral and develop a plan of care for the child. The plan must then be submitted to OCYF, for final Subcabinet approval consistent with the eligibility priorities listed above

The plan of care will be reviewed and revised periodically and as the child's needs may change. Within one year, the LCC and LMB will develop a transition plan for the child's return to any lead agency or other agency services for which the child may be eligible, in coordination with the child's lead agency and any other funding agencies, and the child's parent or guardian. If the team identifies any concerns with the lead agency ability to implement the transition plan after 2 years of community based services, the LMB must report those concerns promptly to the Subcabinet.

Please contact your local LMB for more information about return/diversion services.

Funding

Return/diversion services are paid for out of the State flexible Subcabinet Funds. Subject to the eligibility priorities listed above, there are few limitations on the types of services that may be funded. However, there is no entitlement to these services, and LMBs may only accept eligible families into the initiative until annual funding is exhausted.

Because there are few limitations on the types and locations of services that may be funded through the return/diversion initiative, it is especially helpful for those children who may benefit from community-based, alternative services such in-home wrap around interventions and group home placements, but for whom the lead agency has no funding source, or inadequate funding, for such services.

Governor's Office of Children, Youth and Families

REVIEW OF RESIDENTIAL PLACEMENTS BY THE LOCAL COORDINATING COUNCIL:

Services

Local Coordinating Councils ("LCC") exist in every jurisdiction to assist local agencies in developing, funding and implementing a plan of care for each child at risk of residential placement referred by a member agency. LCCs work to promote interagency cooperation and to ensure that effective community-based options are explored for children who are recommended by their lead agency for intensive residential placements.

Comprised of knowledgeable representatives of each of the local child serving agencies, and a parent and/or parent advocate member, LCCs review residential placement recommendations from local agencies, provide expert technical assistance as to community-based and residential service options that may serve individual children, and refer cases to the State or the Local Management Board ("LMB") when a child may need special approvals or enhanced services.

In some cases, local agencies must refer residential placement recommendations to the LCC before the child is placed. In other instances, the local agency may referral a case for technical assistance to explore community-based service options on a discretionary basis. After placement, all State-funded residential placements must be reported to the LCC in order to facilitate transition planning for the child and to collect and report to the Subcabinet important data regarding the needs of children and availability of resources to meet those needs.

To decide whether to refer a case to the LCC, local agency staff should consider the following:

- Is the recommended placement a “residential placement” for which LCC review is appropriate?
- If yes:
 - Is pre-placement LCC review required?
 - Even if it is not required, can the LCC assist in identifying community-based and residential resources to best serve the child?

Finally, be sure to provide all required post-placement information to the LCC.

The standards for answering these questions are as follows:

Eligibility

Placements Subject to LCC Review:

Not all out-of-home placements are subject to LCC review. According to State regulations, LCC review is appropriate when an agency recommends residential placement in:

1. An out-of-State hospital, for purposes other than acute care or psychiatric assessment;
2. A residential treatment center
3. A residential school (“RTC”)
4. An intermediate care facility for the mentally retarded (“ICFMR”)
5. Other programs that may be identified by the Subcabinet, subject to the availability of additional funding.

LCC review is not appropriate for placements in foster care or in facilities operated under the Department of Juvenile Services regulations.

Mandatory Pre-Placement Review:

A local agency must refer a recommendation for residential care to the LCC prior to the child’s placement whenever:

1. The agency believes that the child may require an out-of-state placement, in order to ascertain whether appropriate in-state programs have been considered;
2. The agency believes that the child may be served appropriately through the Community Services Initiative (“CSI” or “return/diversion”) of the Local Management Board (“LMB”); or
3. The recommended residential placement is not required under:
 - The Individuals with Disabilities Education Act; or
 - Medicaid “medical necessity” criteria.

Discretionary Review for Technical Assistance

A member agency may refer a recommendation for residential placement prior to the child’s placement to obtain advisory, technical assistance regarding the availability and funding of appropriate alternative community based resources:

Such a referral for technical assistance may be made by:

1. The child’s individualized education program (“IEP”) team, if the team has recommended 24-hour-a-day services under the child’s IEP;
2. The child’s placing agency, if the child has been determined to meet medical necessity criteria for residential placement under Maryland Medical Assistance requirements; and

3. Any LCC member agency, whenever the agency believes that LCC advice may assist in identifying funding sources and appropriate community based resources to serve a child in need of residential placement.

A referral for technical assistance may not delay the member agency's efforts to secure a residential placement for a child.

Post-Placement Review:

After placement, the lead agency must refer every residential placement to the LCC in order to

- Plan on an interagency basis for the child's transition to less restrictive services; and
- Collect data for monitoring and evaluation purposes.

Post-placement information must be provided:

- Within 30 days of placement, if the child was placed by an LCC member agency; or
- Within 90 days of placements, for all other placements that come to the attention of an LCC member agency.

Access:

Local agencies refer children directly to the LCC. The LCC must then:

1. Review the referral;
2. Assist in the identification of any community based services appropriate to meet the needs of the child;
3. Ensure that a plan of care has been developed for the child;
4. Apply to the State Coordinating Council for State funding, if the child has been recommended for an out-of-State placement;
5. Apply the LMB, if the LCC believes that the child may benefit from the Community Services Initiative.

The LCC will identify a lead agency for each referred child. Generally, the lead agency will be the agency that referred the child initially to the LCC. Often, the lead agency will be the agency with primary responsibility for funding or implementing a child's plan of care. However, designation as a lead agency, in and of itself, does not obligate an agency to assume fiscal or program responsibility for a child. Those responsibilities may well be decided in the course of the LCC's review of a child.

The LCC must take action on each referral as soon as possible, and, except for good cause, within 30 days of receipt of a referral from a member agency.

The child's parent or guardian must be invited to participate in LCC discussions and decision making regarding the child's placement and plan of care, including written notice of any LCC meeting to discuss their child and documentation of the LCC's decision.

For each child referred to the LCC, the LCC must work with the lead agency and the child's parents to ensure that the child has a plan of care that:

1. Serves the child in the least restrictive environment consistent with:
 - The child's individualized education program, if the child is a student with disabilities;
 - Any court order regarding the child's placement;
 - Any medical necessity determination, if the child is eligible for Maryland Medical Assistance; and
 - Any other legal requirements which may govern the child's placement.
2. Contains these elements:
 - Interagency services, as appropriate;
 - Recommendation for an appropriate placement for child to the agency or agencies with legal responsibility for providing educational and/or residential services to the child; and
 - A statement of the sources and amounts of funding to implement the plan of care, which may include:
 - Public agency funds available for the recommended placement and services;
 - Public insurance for which the family intends to apply, as appropriate; and
 - Private funds, including parental contribution or private insurance, to fund any portion of the costs of implementing the plan of care for which public funds are not available under relevant federal or state law funding mechanisms.

If the child's parent or guardian disagrees with a decision of the LCC, it may be appealed to the SCC under State regulations at COMAR 01.04.01.

Funding

The LCC has no independent source of funding. Rather, the LCC provides a forum for local agency representatives to explore and discuss service and funding options across agencies. The LCC also makes referrals, as appropriate, to non-entitlement funding sources, such as the Subcabinet's Community Services Initiative, and to the SCC, when an out-of-State placement is recommended.

Governor's Office for Children, Youth and Families

REVIEW OF RESIDENTIAL PLACEMENTS BY THE STATE COORDINATING COUNCIL FOR CHILDREN:

Services:

The State Coordinating Council ("SCC") is responsible for:

1. Development and implementation of policies to better serve children with special needs, and to foster services in the least restrictive environment appropriate to meet those needs;
2. Oversight of the Local Coordinating Councils ("LCC")
3. Review of applications for the State funding of out-of-State placements
4. Resolution of parent appeals and interagency disputes regarding LCC decisions.

The SCC is comprised of Cabinet-level Secretaries of Maryland's child-serving agencies, or their designees. The SCC has also established a "Program Review Committee" ("PRC") that reviews individual recommendations for out-of-State placements and advises the SCC regarding those recommendations.

Eligibility:

Individual cases are referred to the SCC in two circumstances: when the LCC recommends an out-of-State placement, or when a parent or agency seeks reconsideration of an LCC decision.

Review of Out-of-State Placement Recommendations:

The SCC must approve any LCC recommendation for out-of-State placement for which State funding is sought. It is State policy to serve children within the State of Maryland unless exceptional circumstances arise. Under State law, the SCC will approve the out-of-State placement only if the LCC demonstrates that one of the following exception criteria is present:

1. The out-of-State placement is closer to the child's home than any alternative in-State placement;
2. The plan for the child's permanent placement includes residence with a care giver in proximity to the proposed out-of-State placement;
3. The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate out-of-State programs for which application would be made for the child;

4. The child is currently in detention, shelter care or committed to the Department of Juvenile Services pending placement pursuant to a court order;
5. Compliance with the federal Individuals with Disabilities Education Act requires out-of-State placement; or
6. The child is hospitalized in an acute care psychiatric hospital under the following circumstances:
 - The child is committed to the Department of Juvenile Services, a local Department of Social Services or a division of the Department of Health and Mental Hygiene;
 - The child's treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement with 30 days; and
 - The only available, appropriate placement is out-of-State

If the LCC's placement recommendation meets one of these criteria, then the SCC will approve State funding for the placement. If it does not, the SCC will work with the referring agency and the LCC to identify in-State placement options for the child. The SCC's decision and recommendations are advisory, and the local or State agency legally responsible for serving the child has ultimate responsibility for deciding and implementing the placement.

Reconsideration of LCC Decisions:

The SCC may be asked to review an LCC decision under two circumstances: when there is disagreement among the member agencies of an LCC as to an individual child's plan of care, and when the child's parent or guardian wishes to appeal an LCC decision.

1. Interagency Disputes: The members of each LCC generally seek to reach consensus regarding the appropriate plan of care for each child. However, instances may occur when the members disagree as to the services that a child needs, or the proper funding sources for those services. If an LCC, after serious, good faith efforts, is unable to resolve such a disagreement, a member agency may refer that case to the SCC. Currently, the SCC will attempt to assist the LCC in resolving the issue.

2. Parent Appeals of LCC Decisions: Parents have the legal right to appeal LCC decisions to the SCC. Before appealing an LCC decision, however, the parent must first pursue any statutory appeal process available through the agency placing the child or funding the placement. Such appeal processes include:

- The due process hearing system for the provision of a free appropriate public education for students with disabilities, established under Maryland annotated code, Education Article §8-413;
- Provisions for contested care hearings relating to programs provided by the social services administration established in COMAR 07.01.04;

- Provisions for appeal of decisions of the Developmental Disabilities Administration under COMAR 10.22.16; or
- Any other relevant process established by statute or regulation for the reconsideration or appeal of agency decisions.

After the parent completes these appeals, or if there is none available to address the LCC issues that the parent wishes to appeal, then the parent may appeal, in writing, to the SCC within 30 days of receipt of the LCC decision.

Access:

Review of Out-of-State Placement Recommendations:

When the LCC determines that a child may need an out-of-State placement, the referring agency must submit an application for State funding for the costs or a portion of the costs of the placement.

The local agencies must submit its request on the SCC's approved form, and it must include:

1. Information identifying the child, the child's special needs, and the nature and costs of the recommended placement;
2. Documentation of the LCC's efforts to serve the child in the least restrictive environment appropriate to the child's needs, including:
 - Efforts to identify appropriate community-based services to meet the child's needs;
 - Reasons why community-based options were deemed inadequate to meet the child's needs or were otherwise rejected;
 - Description of additional supports and services that would be required to provide appropriate services with Maryland;
 - The lack of availability of appropriate in-State facilities and services to meet the needs of the child; and
 - Referral to the LMB
3. A plan for the child's return from the out-of-State placement, including:
 - Time frame for the child's return;
 - Description of services and resources needed to facilitate the child's return; and
 - As appropriate, identification of a strategy for developing resources needed to facilitate the child's return which are not currently available in the community

The application must also indicate which of the exception criteria applies to the placement recommendation. The SCC cannot consider an application that does not provide all of the required information and must return an incomplete application to the referring agency.

Upon receipt of a complete application, SCC staff at OCYF refer the application to an interagency Program Review Committee comprised of State agency experts in the needs of special needs children and the resources available to meet those needs. For each case, the PRC makes a recommendation to the SCC with regard to the need for out-of-State placement. Parents and, in some instances, local agency representatives, are invited to PRC meetings and may be asked to provide additional information to the PRC, as needed.

The SCC will make a decision regarding a complete application for State funding of an out-of-State residential placement as soon as possible, and no later than 30 days after receipt of the application from the LCC, except for good cause. It will notify the parents in writing of the decision within 10 days.

Parent Appeals of LCC Decisions:

Parents may appeal an LCC decision by submitting a written request to the SCC. The SCC will review the appeal, and may seek further information from the parents, the LCC or a local agency.

The SCC must ensure that its decision is consistent with the determination of the State agency that has final authority to determine appropriate services or State funding for the child's plan of care.

The SCC will send a written notice of its decision to the parent and the LCC within 30 calendar days of receipt of the appeal. The SCC's decision regarding a reconsideration request is final and not subject to further administrative appeal. However, a parent may challenge the SCC decision in the circuit court on limited group.